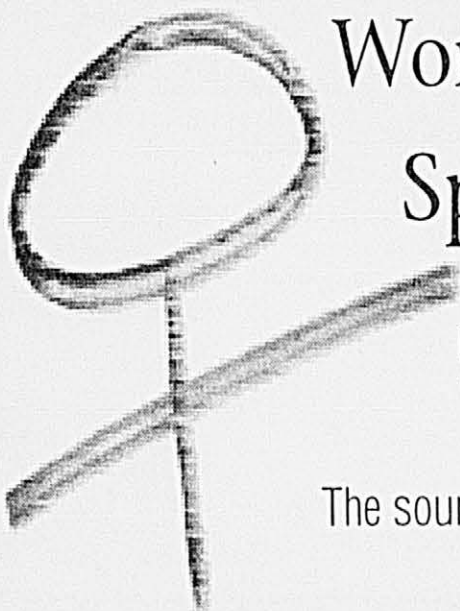


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Monday, March 11, 1996  
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## comment

# Fear and loathing in the Shatner building

**"The kids are all turned off of politics, they say. Most of 'em don't even want to hear about it. All they want to do all day is lie around on waterbeds and smoke that goddamn marrywanna..."**

**— Dr. Hunter S. Thompson, American political journalist.**

Although Dr. Thompson wrote these words about the 1972 presidential campaign between Nixon and McGovern, his words come back to me in the midst of the candidate's debates for the Students' Society elections.

Like 1972 in the U.S., I suspect this election will become a watershed one in the political history of students at McGill, not only because of the issues involved, but because of the effect on the relevance of this Students' Society to the students.

The issues faced by this community, and our representatives, are not isolated problems in a time of stability — they are interrelated symptoms of a wide-ranging revolution that is transforming McGill, Montréal and our world.

These forces have come to McGill and reside in the plans of Principal Shapiro.

His document *Towards a New McGill* would effectively make this university a bastion for the wealthy, where the presence and the voices of the marginal would be excluded in a corporate curriculum.

The race for the presidency is crucial to protect the gains won by students over years of action. The next president must have the strength of character to transform the presidency into the focal point of resistance. Diplomats need not apply.

The fight against the crusade of privatisation and increased

tuition must extend across Québec and Canada.

To effectively counter these trends at McGill, we must support any efforts to resist them in other campuses and communities, not only independently but through an effective, pro-active national student organisation.

The strategy we have chosen of late has reached a dead-end. For too long, vp externals have been content to stumble along in a drunken waltz with CASA, clinging to a dying organisation with questionable finances and declining membership.

To continue like this, will only postpone the work that needs to be done at the national level on the issues of accessibility and equity.

**"The only people who seem genuinely interested in the '72 elections are the actual participants — the various candidates, their staff, the journalists... and of course, all the sponsors, who stand to gain hugely if they can muscle their choice down the homestretch a hair ahead of the others."**

Thompson wasn't at the candidates debates, but he describes the sorry state of affairs for student politics on this campus.

For an undergraduate society of this size in a campaign of this importance, the lack of interest weighs heavily. At the debates I attended, the usual Students' Society hacks — student journalists like me, the candidates and their friends and supporters — made up a heavy portion of the audience.

If all student politicians quietly slipped out of town on the next train, most students would never notice.

If we are to make our voices heard in the issues which affect us, general student indifference must be reversed. We must elect candidates who are prepared to reinvigorate the Students' Society — from the ground up.

This project must involve both the finances of the society and the composition of council.

Although almost all candidates mouth comfortable platitudes about 'being elected to represent students', this often becomes convenient gloss on political agendas. Council must be reworked to include more voices and more positions from this diverse campus.

I have yet to hear any reason not to include these representatives that does not have its roots in the politics of exclusion and silence.

The finances of the society must also be reworked to prioritise the relevant activities of the society.

Why should McGill Students' for Literacy, or the Sexual Assault Centre, have to spend time fundraising? By providing important activities these groups — like LBGT, BSN or the Woman's Union — involve students in this campus and community.

Whenever these concerns are raised, students are silenced by the mantra of debt. Strangely, though, money is never lacking for the annual attempt to remodel the ugliest bar in the western world or send executives on junkets to national conferences.

Neither candidate for vp finance seems to have the ability and desire to redress these imbalances. Moreover, Chomski has been openly hostile to the needs of clubs and services. Even worse, he seems completely unconcerned by the relationship with PepsiCo and the Burmese junta — surely a stain on the ethical integrity of the society.

The record of the current vp university affairs should serve as a guide for her successor and the whole council. Although Grushcow has not been perfectly effective in her tenure, her connection to issues of real relevance to students — like the harassment policies and *Making McGill* — points the way for the Students' Society of the future.

This is a path the Students' Society can no longer afford to ignore. If we continue to elect executives whose chief contributions are blocked student initiatives and mentor programmes, the Students' Society will continue to be less and less relevant to this community. It will wither and fade.

And, by extension, students will be left without an effective voice in the radical restructuring of our world.

With Nixon victorious in the 1972 elections, the dreams of a generation were quashed as war raged abroad and at home. We have spent thirty years on both sides of the invisible border electing a procession of cynical power brokers who put money before people and debts before democracy.

In these times of change, we need elected officials who will continually and effectively confront the forces that threaten our community. Moreover, we need elected officials who will re-engage students with the politics of this community.

The time for indifference must end — and it is up to us as the electorate to choose people who will, at long last, "turn us on".

**comment by  
M-J Milloy**



## hyde park LIES BROUGHT TO YOU BY CASA

CASA has sunk to an all-time low. Unable to come up with any good reasons for SSMU to remain a member of the nearly bankrupt CASA, CASA supporters at McGill have been busy devising lies to sell it to students in the upcoming plebiscite. You may have read the following myths:

MYTH 1: "CASA is Canada's largest undergraduate student organization in Canada." Not even close. The Canadian Federation of Students is by far the largest, with 420,000 members, of which around 350,000 are undergrads. With over 60 student associations as members, the CFS is more than six times bigger than CASA. Not only are there less than a dozen student unions that are members of CASA, but it is shrinking quickly. In the last month alone, the undergrad student associations at UBC and Carleton have left CASA.

MYTH 2: "CASA is the most effective organization for government lobbying." This is so wide of the mark. CASA has no presence in

Ottawa and completely absent in the provincial capitals. And good thing. CASA was founded in January 1995 with the main strategy to lobby the government for interest-bearing student loans and a "grad tax." In fact, while CASA was lobbying for the Income Contingent Loans Repayment Plan (a plan which would lead to lifelong student indebtedness and massive tuition hikes), the CFS forced the federal government to halt the implementation of this program in May 1995. If you really want to know why you don't pay GST on your tuition fees or a 3% tax on your Canada Student Loan, or that you have access to a federal grants program that is needs-based, it's because the CFS has been lobbying the government on behalf of students for 15 years.

MYTH 3: "Effective lobbying means the Government comes to you." CASA is so irrelevant, it wasn't invited to the "lock-up" on Budget Day last week.

Don't be fooled by the lies.

**Sarah Schmidt**

since 1911  
**The McGill Daily**  
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# LOVE ME, LOVE MY NATIONAL GROUP

VP EXTERNAL CANDIDATES — WILL THEY RESPECT STUDENT PLEBISCITES AND REFERENDA, OR IS A VOTE FOR THEM A VOTE FOR THEIR FAVOURITE NATIONAL GROUP?

by Jacque Jordan and Zachary Schwartz

*The vice president, external affairs, shall:*  
*represent SSMU to external organisations and to other campus organisations coordinate SSMU's relations with local, provincial and federal governments coordinate SSMU's policy development with respect to external issues*

With youth unemployment soaring at over 16 per cent and only hollow promises from governments at all levels, the actions and decisions of the vice president, external affairs will affect Students' Society members in every faculty.

The SSMU vice president of external affairs acts as liaison between the over 15 000 undergraduate students at McGill and the outside world. Every student issue that takes place on the other side of the Roddick Gates is the vp external's responsibility.

All three candidates for vp external seem to agree that McGill's voice beyond the campus should be heard in unison with the voices of students from other universities, and each candidate has chosen their favourite student group, be it the Canadian Federation of Students (CFS) or the Canadian Alliance of Student Associations (CASA).

Students themselves have never been given the chance to mandate their Council to join either national coalition of student organisations.

After bringing SSMU into CASA, which he co-founded, former vp external Nick Benedict was elected to his second term last year on a platform of putting CASA membership to a student referendum. But when Benedict resigned this fall, SSMU Council refused to bring the CASA question to student referendum.

Instead, a non-binding plebiscite will appear on the same ballot as the SSMU elections this March 13 - 15.

In her vp external campaign speeches, Chantal Da Silva supported McGill's continued affiliation with CASA, claiming that its 12 member universities represent a larger student base, estimated at close to 200 000 students. She neglected to mention that CFS has a membership of over 400 000 students, and discounted the organisation as being known for its small school members.

Vp external hopeful Paul-Eric Robichaud, however, characterised CASA as a "sinking ship" that has no provincial structure to effectively bring about change.

He believes that, although CFS membership fees of three dollars per student are higher than CASA's lump sum fee, the cheaper option of joining CASA is not students' best option.

"Give me \$17 000," he suggested, "and I'll do a better job than them."

He justified his support for CFS by

illustrating its proven track record, citing its successful lobbying of the federal government to have the GST removed from tuition fees last year, as well as the three per cent interest taken off Canada Student Loans.

Being a newer organisation, CASA cannot boast such lobbying successes, but Peter Armstrong-Whitworth hopes to be elected as vp external by backing the cheaper and more decentralised organisation which he sees as having "a lot of potential."

Armstrong-Whitworth does not seem to believe that lobbying the federal government is an effective way to reverse the disappearance of the govern-

Steven Erdelyi



Peter Armstrong-Whitworth



Chantal Da Silva



in easy out policy" which allows Council to decide on behalf of students.

But Robichaud stressed the importance of such a referendum, claiming that the CFS is much more democratic.

"It's the students who decide, not Council," said Robichaud.

Paul-Eric Robichaud



DAILY PHOTOS BY MIKE CULLEN

## QUESTIONING SHAPIRO

By Brenda Mercer

SSMU vp university affairs race towards a new McGill

*The Vice President, University Affairs shall:*  
*coordinate the activities of the Senate/Board caucus and student representatives on University committees*  
*ensure communication between Council, Senate/Board caucus, student Senators and Governors and all student members of University committees.*  
*maintain relations between SSMU and McGill faculty/support staff*

Principal Bernard Shapiro's "Towards a New McGill," the memorandum that lays out his vision of the university in the future, has generated a wealth of debate among students, and the subject is a common one on the SSMU campaign trail.

Since the vice president of university affairs is SSMU's official representative to the university administration, both candidates for the position have tried to outline their responses to the document and its implications.

Shapiro's memo touches on many aspects of the university, including tuition hikes, the elimination or amalgamation of certain departments and programs, a dramatic reduction of the student body, and corporate or industry sponsorship of research programs.

The issue most cited by candidates was the "substantial" tuition increase proposed by Shapiro, which candidates for all positions are virtually unanimous in opposing.

Tuition, though, is only one small aspect of a far-reaching program to revamp the university. Vp university affairs candidates Steven Erdelyi and Don McGowan spoke out in debates last week about the other aspects of the plan that most concern them.

### MEET THE CANDIDATES

Erdelyi said he saw the role of the VP University Affairs as "a link between the administration and you," and pledged to defend the rights of students on issues such as privatisation. He emphasised the

importance of the diversity of courses and programs.

The university is threatening across the board cuts, Erdelyi pointed out, and these cuts will affect the smaller departments and faculties. Because they are smaller, he suggested, "Shapiro may think it is okay to drop them."

"Students are a strong voice. We have to stand up to the administration and say we won't let you take [these programs] away."

McGowan also identified the push towards some degree of privatisation of McGill as a major concern.

In order to prevent the university from cutting smaller, under-funded departments such as Women's Studies or African Studies, McGowan said he would lobby Senate's Academic Planning and Priorities Committee. "[Shapiro] can't knock out programs without their approval."

Erdelyi noted that the Faculty of Arts currently has a committee considering the expansion of interdisciplinary programs.

He said last fall's demonstration in support of the African Studies Program should indicate to the administration that students are not willing to see the program wither away.

With students in the role of advocates for such departments, "Shapiro's going to be forced to listen when students speak," said Erdelyi.

McGowan feels that those pushing cuts and consolidations are not really considering the threat to the reputation of

McGill. The administration, he said, should "consider McGill's prestige as an institute of higher learning."

The Faculty of Law, or Medicine, could probably withstand cuts without significant damage to their reputations as high level institutions, he suggested. But cuts to African Studies, Cultural Studies, or other similar programs, are "undermining the reputation of the university among people already distanced from it."

McGowan added that privatisation of certain departments could result in changes to the funding schemes set up by the federal and provincial governments, making the effects unpredictable.

The university receives funding based upon the number of students, but enrollment in certain programs is weighted. According to McGowan, students in "privatised" programs might be discounted from the tally, resulting in reduced government funding.

It is next to impossible for students to determine what these losses might be, because Shapiro will not release details of the weighting system, McGowan said. As vp university affairs, McGowan stated, he intends to "make Shapiro sit down and tell us if [the cuts] are screwing with this ranking."

Erdelyi added that although the university is facing financial constraints, there is a "huge amount spent on bureaucracy" at McGill. He suggested that if administrative costs could be curtailed, fuller funding of academic programs would be feasible.



# McGill's Future Face

By Brenda Mercer

## SSMU'S OFFICIAL SPOKESPERSON WANNA-BES SPEAK OUT.

In debates around campus last week, candidates for the presidency of the SSMU spoke out about the issues that they feel must be addressed by the next president.

The primary issues addressed by the candidates included the need for an adequate policy to deal with harassment within the university, and the dangers of the McGill ghetto. Other issues that frequently arose were the poor quality of McGill's libraries and fears of large tuition hikes in coming years. Candidates also spoke about their vision of the role of SSMU and the President.

### HARASSMENT POLICY

Derek Prohar noted the amount of debate that has

gone on in trying to develop an adequate policy on sexual harassment. "Too much stuff keeps getting debated and discussed to death [without achieving anything]."

He declared himself committed to the development and implementation of a clearly defined policy that would help people at McGill deal with harassment.

A new harassment policy "is an absolute priority for me," agreed Alex Waxman. Waxman would like to see a judicial system set up to review complaints.

Despite the problems of definition that have confused the issue, he said, "the voice of students must be heard." He then reiterated the call for a clearly defined policy that would ensure that.

McGill tells us they have a harassment policy, said Chris Carter, but the policy is "totally inadequate."

"We need a president dedicated to making sure that harassment is dealt with effectively," he continued. Carter urged listeners to question why no effective program is in place to deal with harassment based on gender, ethnicity or sexuality.

According to him, the absence of such a policy is a reflection of the lack of many students' representation in the university and in SSMU. Carter suggested that increasing the representation of affected groups, through services such as the Black Students' Network, the Women's Union and LBGTU, "would help ensure relevant debate and action on this issue."

David Bushnell also stressed the importance of a better process to deal with harassment, and pledged to work closely with the VP University Affairs on the issue.

Craig Pollard promised to stop personally harassing other students.

### GHETTO SAFETY

Carter, a coordinator of last year's Ghetto Safety project, said that safety was another issue on which the university has inadequate policies and mechanisms.

He stressed the interrelated nature of concerns such as safety and harassment. The fact that these concerns have not been adequately addressed, Carter speculated, is a function of the problems within Council.

Finding the money to fund

safety initiatives for the ghetto should not be a problem, he added.

### THE SSMU PRESIDENT SHALL:

- be the Society's chief officer and spokesperson
- chair and coordinate activities of the Executive Committee
- coordinate relations between SSMU and the McGill administration
- sit on Senate and the Board of Governors
- set the agenda of SSMU Council

"SSMU has a huge budget... tens of thousands of dollars are spent" on many different projects, and finding the money for ghetto safety projects will be a matter of priorities.

SSMU should be attempting to forge closer ties with the Montreal community, said Waxman, adding that he would also work with the MUC, city hall, and the police in order to improve safety in the McGill area.

Prohar suggested specific measures such as installing better lighting in the ghetto in order to relieve safety problems.

He pointed out that the \$10 levy paid by students to support the new athletic facilities will end in March of 1997. Prohar suggested that a new levy take effect at that time in order to fund safety initiatives. "Why not dedicate that money to safety and security issues?" Prohar asked.

### TUITION HIKES

Rising tuition will clearly be a major concern for McGill students in coming years. Principal Bernard Shapiro recently called for "substantial" increases, and given federal and provincial cuts to education funding, many feel that McGill will soon cost too much for many students.

All the candidates identified tuition hikes as a primary issue in this year's campaign.

Throughout this year's Council sessions, Carter has been vocal regarding the need to raise corporate taxes first, before going after students.

Prohar proposed lobbying the Board of Governors to keep increases to a minimum.

He also suggested that "alternative routes" be explored in order to keep the university accessible to all students. Specifically, Prohar would like to see scholarships directed not only at top students, but also at students who show leadership or initiative.

### WHY ME?

Prohar said that he wants to represent "the average, everyday McGill student." He stated that "people actually

care about McGill," and he wants to encourage greater student involvement. "[Students] see SSMU as ineffective because they're not involved."

To Waxman, "SSMU is an internal and external reflection of where we are today." Students at McGill, he said, "represent the best this country, and other countries, have to offer."

It is crucial, Carter said, for SSMU to have "strong, effective, and outspoken leadership," to ensure that students' voices are heard at all levels

of government and in the media.

"The struggle has just begun," he said of the challenges facing the university today.

Pollard's plans for his role as President are simple. "I'll eliminate all the other positions."

While he acknowledged that this might not be in the best interests of students, he stressed the benefits to himself, including the greatly increased stipend he would receive. "It's good for me," Pollard said.

Bushnell did not offer a particular vision of his role as President, but pointed out that he was "the only candidate threatened with a lawsuit by over 300 members of the university community."

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# SHATNER AND BEYOND

## CLUBS AND SERVICES KEY ISSUES IN SSMU VP INTERNAL AND FINANCE CAMPAIGNS

by Brenda Mercer

Campus bulletin boards are littered with the smiles of budding student politicians all aching to proclaim their naturally superior wisdom and vision. Among the ubiquitous campaign posters are those of the three candidates running for SSMU vp internal and the two candidates running for vp finance.

On the slate for vp finance are Jonathan Chomski and Ted Murata, both U2 students pursuing Bachelor of Commerce degrees. As vp finance, one of these two will be responsible for the students' society's budget, a task that covers funding McGill's clubs and services and health plan as well as managing SSMU's food and beverage contracts.

Working with the successful financial wizard will be either Kataneh Behbahanian, Mark Feldman or Jason Kleine, the three hopefuls for the position of vp internal. In the capacity of vp internal, one of these three will be in charge of overseeing any campus events, managing the William Shatner University Centre and coordinating the multitude of McGill's clubs and services.

Next year in particular, though, they will be thrust into a political climate faced with the issue of how these clubs and services will be represented within the society and, indeed, how the body of the students' council itself ought to be organised.

### CLUBS AND SERVICES

As it stands, there are three representatives whose specific mandate is to represent the interests of McGill's more than 120 clubs and services. Much recent discussion, however, has been geared towards re-evaluating the amount of representation given to clubs and services and, indeed, towards re-evaluating the structure of Council as a whole.

Opinions on the topic vary greatly. Behbahanian, currently a floor fellow at Douglas Hall and a past vp internal of the inter-residence council, does not believe that increasing representation for clubs and services on SSMU will solve what she views as a problem of communication. She

proposes that the students' society should examine and work to improve the functioning of its existing members rather than adding more individuals to council.

Feldman is

qualified to say what the best structure of Council should be until I'm on Council," he said.

Kleine, on the other hand, has already lobbied the students' society for increased clubs and services representation. "Clubs and services are the first thing on my platform," Kleine commented, noting that they are the primary means by which students interact with the student government and thus deserve a greater focus within the SSMU struc-

ture. In this regard, the candidates for vp finance will play a significant role.

Chomski, current chair of the Financial Committee of SSMU, emphasises the importance of SSMU maintaining "some sort of financial cushion" in order to avoid having to "fly by the seat of our pants."

From the perspective of clubs and services funding, Chomski feels that the students' society will have to prioritise the direction of its money flow. "Clubs and services have an unlimited demand and we have a limited supply," he said. Chomski expects, however, that were he elected vp finance the overall funding for clubs and services would remain approximately at its current level of \$60 000.

Murata, however, hopes to triple funding for clubs and services. He points to the fact that the students' society spent \$120 000 on debt repayment last year. Given that the students' society is expected to finish repayment in October 1996, Murata then hopes to put more money towards clubs and services. "I see clubs and services funding increasing three fold," he said, adding that "instead of wasting money on frivolous activities we need to direct the money back to the students."

The topic of the sources of

SSMU's funding has been a highly debated one.

### THE ETHICS BEHIND THE FINANCES

Pepsi's support of the military dictatorship in Burma has aroused a large degree of opposition to the students' society's five year contract with the multinational company. Especially in light of the two questions on this week's student referendum concerning McGill's relations to companies operating in Burma, the incoming vp finance will no doubt find that the subject of the Pepsi contract is a highly contentious one.

According to Chomski, who sat on the committee that pushed for the agreement with Pepsi last August, discontinuing the contract is not a viable option. Chomski notes that breaking SSMU's five-year contract would be both difficult and risky. He adds that at the time the contract was established, an affiliation with Pepsi, despite its ethical implications, made more financial sense for students at McGill.

Murata, while somewhat vague in concrete proposals for SSMU's relation to Pepsi, notes that "money SSMU receives from corporations backing military dictatorships is, however, a serious problem," a belief that he hopes will lead to a "re-evaluation" of the Pepsi contract.

While not directly responsible for the students' society's food and beverage contracts, the candidates for vp internal have equally strong perspectives on SSMU's relationship with Pepsi.

Behbahanian, in favour of the establishment of a committee to look at the Pepsi contract, agrees that it would be difficult to pull out of SSMU's five year contract. She is, however, in favour of contacting Pepsi in order to "see what can be done."

Feldman, while condemning the fact that the Pepsi agreement was signed over the summer without the consent of Council, does not feel that breaking the contract would be worth the potential lawsuits that could be launched against the students' society.

Kleine was more overtly opposed to the contract, arguing that SSMU should do everything in its power to get out the contract or, at the very least, write an official letter of condemnation to the multinational soft-drink barons.



Kataneh Behbahanian



Mark Feldman



Kleine

DAILY PHOTOS BY MIKE CULLEN

## events

## SILVER ONE FREE

### MONDAY, MARCH 11

• SSMU election candidates debates, Bronfman cafeteria, 12h and 20h.

• Department of Anthropology — "Forensic Archaeology applied to historical problems: the Franklin expedition mass disaster of 1845-48," by Professor Owen Beattie, Leacock 232, 12h30-14h30.

• Centre for East Asian Studies — "Age and local community in Japan & Korea," by Professor Seiichi Matsumoto, Leacock 324, 16h-17h30.

### TUESDAY, MARCH 12

• Concordia South East Students' Association — "Working & doing business in Asia," Concordia H-767. Info: 366-0059 or 848-3540.

• McGill Art History

Graduate Students' Association — "Changing Practices and the Burden of Architecture," by John Diodati, Arts W215, 16h.

• Concordia Department of History — "Gender and Heresy: Women and Men in Lollard Communities, 1420-1530," by Professor Shannon McSheffrey, Thomson House (3650 McTavish), 16h.

• Caroline Brettell on "Blurred Genres and Blended Voices: Life History, Biography, Autobiography, and the Auto/Ethnography of Women's Lives," Concordia Simone de Beauvoir Lounge (2170 Bishop), 12h.

### WEDNESDAY, MARCH 13

• McGill Student Health Services' annual Nutrition

Day, Leacock 232, 10h-15h. Workshop, Shatner 435, 16h. Info: 398-2915.

• Co-ed Medical Fraternity — "Canada's Health Care System: A Perspective" with Dr. Lloyd MacLean, McIntyre 522, 18h.

• Professor John Witte Jr. on "Religion, law and human rights," Moot Court (3644 Peel), 12h30.

### ONGOING

• Register now for ACTION, a self defense course for women offered by the Montréal Assault Prevention Centre. Info: 284-1212.

• McGill Women's Union staffing training session, Shatner 423, 16h30. All women welcome. Info: 398-6823.



# WHY WOMEN'S HEALTH?

It is often said that the best indicator of the wellness of a society is the status of its women.

For this and other reasons, the *Daily* publishes a special women's issue every year to coincide with International Women's Week.

This year, when asking what is important to the status of women, we found ourselves returning to the concept of health.

Women's health becomes more relevant when we understand it to be inseparable from a woman's political, social, economic and racial position in society.

Just take the recent wave of cuts to social spending across Canada as one example. Leaving aside the cuts to 'women's programmes' like funding for shelters, even cuts to more 'general' programmes affect women's health in specific ways. While cuts to daycare may leave more lower income women with the added burden of child care, cuts to subsidised education also affect women's health by making it harder for them to access post-secondary education and limiting their chances of social mobility.

In fact, a study conducted last September by StatsCan showed a clear re-

lation between level of education, income and health.

But this was just one reason why we felt this year's women's issue should focus on health. In fact, many issues can be seen through a health perspective.

On page 11, Heather Sokoloff asks "What does it mean to be healthy?" Her article about the justice system's treatment of rape reminds us that rape is a health issue related to how we place blame.

Other articles touch on the idea of a woman's reproductive control. Jacqueline Reis illustrates on page 12 that safe access to abortions is still something under attack, bringing into question the amount of choice we actually have.

But while we still need to be concerned with securing reproductive choice and control, we also need to recognise the limits to that control.

On page 13, Meredith Cohen suggests that while birth control is seen as an empowering tool for some, for many women it is actually imposed as a means of social control. Erin Perlypchan's article (page 17) about new reproductive technologies also suggests that the degree of women's

control over their bodies can't be taken at face value.

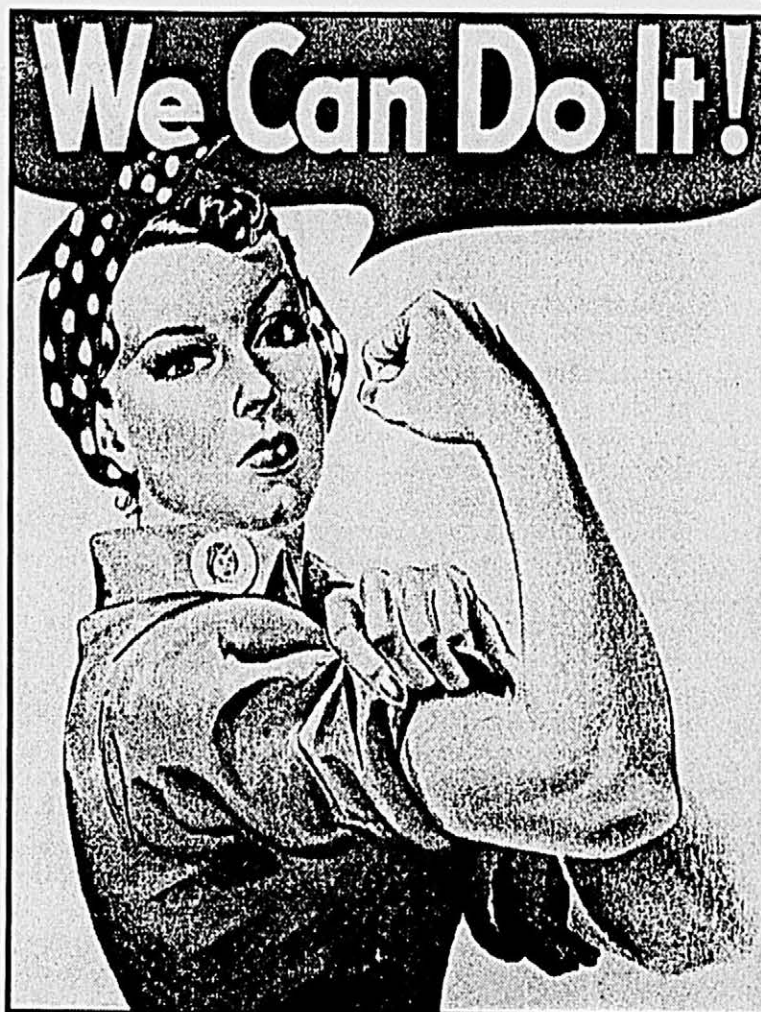
Control over our bodies and health also relates to our ability to access adequate health care. For information about where to go for health needs and information, refer to our lists on page 18.

But for many women, accessing this kind of information can be made difficult because of poverty and limited literacy and education, as explored in Lorna Yates' article on page 10.

Despite these obstacles, which are exacerbated by the rise of poverty, women continue to help their communities survive.

Across the world, women remain the main caregivers and keepers of health, and as such they continue to resist and overcome obstacles to well-being. Sonia Verma's article on page 8 discusses the way breast cancer survivors are demanding more input into the direction of research, while Anup Grewal's article on the following page demonstrates how aboriginal women are reclaiming their role as the principle healers of their communities.

Finally, Ramona Roberts' personal account urges students who are survivors of sexual abuse to focus on the



importance of self-care.

So by looking at the status and health of women in a society, we also see their strength in maintaining that society.

Because while women continue to work to secure access, control and information about their health — through necessity and love — they also

find the time to take care of their communities and each other.

And in between the struggles for better health and better lives, women find the time to laugh.

And as one expression goes, "There's nothing like the sound of women really laughing" — because there's so much behind it.

Comment by Anup Grewal and Idella Sturino

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### Women's Health Special Issue

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# Breasts are a battleground

## Women want say in funding for breast cancer research

by Sonia Verma

According to media hype, the headlines touting "miracle" breakthroughs and the optimism projected by cancer charities, a cure for breast cancer is just around the corner. But a closer look at the statistics shows that with more women developing the disease, the opposite is true.

"Most people just glance at the headlines and get a false impression that the cancer establishment is serving them well," comments Sharon Batt, president of Breast Cancer Action Montréal (BCAM) and author of *Patient No More*.

Batt is among a growing number of breast cancer survivors and activists who constitute a grassroots advocacy movement which has called into question the politics involved in breast cancer research.

"We have a right to criticise the research rationale which seems to put profits before patients," asserts Caroline Bennett, an activist who was recently diagnosed with breast cancer.

Bennett emphasises the cozy relationship between medical researchers and corporate sponsors, one which is difficult to assess because of a complicated grant system making it hard to pinpoint.

Even the Canadian Breast Cancer foundation is unable to supply an accurate figure of how much money is spent on breast cancer research per year.

While this ambivalence angers some survivors, Bennett is not surprised. She contends that the cancer establishment — made up of charities, researchers and corporate sponsors — is simply reluctant to acknowledge the link between research and corporate backing.

Bennett asserts that part of the impetus for drug companies to fund breast cancer research is the returns reaped when a new "miracle drug" hits the market.

The cancer drug treatment industry flourished during the recent recession as the market for treatment drugs peaked, while the American Pharmaceutical Manufacturers Association launched an ad campaign claiming "pharmaceutical company research provides the best hope for conquering diseases like cancer and dramatically reducing health care costs."

Bennett asserts that this relationship amounts to a self-perpetuating cycle. Breast cancer research is dependent on corporate funding and in turn, corporations are able to capitalise on the results of research behind a "dangerous smokescreen of hope and optimism."

Batt suggests that the involvement of pharmaceutical companies is only one example of a systemic problem.

"People are locked into the idea that research and business are one," she comments.

### IT'S MY BODY

However, Beverly Campbell, also a member of BCAM and a breast cancer survivor maintains, "if it weren't for the 'evil' pharmaceutical companies, I wouldn't be alive today."

Campbell suggests that rather than severing financial ties with powerful corporate backers, the methodology of research should be reassessed in order to give survivors a voice. The inclusion of survivors voices into cancer research discourse would provide an effective check against corporate leverage.

Pat Kelly, of Burlington Breast Cancer Support Services agrees: "Breast cancer survivors have no real influence."

Kelly contrasts the limited involvement of Canadian women with breast cancer in the allocation of research grants to the more widespread inclusion of women in the U.S. "We had to fight to get the research established and now we don't have the representation," she says.

Batt disagrees with critics who claim that breast cancer research hasn't been given enough resources. Like Kelly, she contends that it's the research model itself which is problematic. Breast cancer patients are often objectified and relegated to peripheral status while researchers expect women to "be compliant with whatever treatment is prescribed," she says.

Batt advocates a reorientation of the entire medical establishment. Rather than being an issue of insufficient funding, the questionable politics of breast cancer research must become a feminist cause.

While there is currently a greater effort to place survivors on research committees, notably through the Canadian Breast Cancer Research Initiative (CBCRI), the inclusion of women is still in early stages.

### LOOK GOOD, FEEL BETTER?

Many advocates are frustrated with what they perceive as vestiges of patriarchal attitudes

which are institutionalised within the cancer establishment. Women's credibility as activists is undermined and so is their ability to affect positive change for themselves. "We're still fighting an old battle where women are seen as over-emotional, irrational and incompetent in issues dealing with our own health," comments Bennett.

"Look Good, Feel Better" (LGFB), a programme sponsored by the Canadian Cancer Society in partnership with several cosmetic companies typifies such attitudes.

According to "Julie", speaking from the LGFB hotline, "the programme helps women improve appearance and overcome appearance related side effects of chemotherapy."

Leading cosmetic companies donate beauty products to volunteer cosmeticians who lead workgroups of women demonstrating how to "cover up" yellow-looking skin," explains Julie. The treatment's goal is to "cheer up women who get depressed after treatments and lose confidence in their appearance." Following the workshops, participants are sent home with a complimentary box of cosmetics and beauty products.

Critics question the underlying philosophy justifying the programme, which seems to prioritize appearance above health issues. Women are encouraged to concentrate on the devastating effects of breast cancer in a cosmetic context, which deflects legitimate criticism of the medical practice of chemotherapy itself.

"They're [the medical establishment] locked into this idea of optimism, where if you are visibly suffering from cancer, you've failed the medical system," says Batt.

Once this paternalistic attitude is overcome and women are given a more participatory voice, activists expect the nature of research itself to transform.

Currently, "the medical establishment is dominated by the male perspective. You fight cancer by attacking it with very toxic medication in an aggressive manner," Batt explains.

But many women hope a holistic approach, focusing on prevention or pursuing already-established links between cancer occurrence and diet or environmental toxins, will soon be explored.

plored.

As activists have made their voices heard, they are increasingly being included in scientific discourse concerning breast cancer. Many of the structural changes were brought about as a result of the National Forum on Breast Cancer which took place in November, 1993.

Activists were able to send a clear message to the cancer establishment, advocating their right to be included in breast cancer research and decision-making. Research reforms are beginning to disseminate within the scientific community and the traditional paradigm dictating who controls research has shifted.

As a result, academics and activists are about to join forces in an initiative intended to examine how discourse among women with breast cancer ef-

fects their ability to cope with the disease.

The study, sponsored by CBCRI signals a significant departure from traditional research methods, in that survivors of breast cancer will occupy a participatory role on equal footing with researchers.

Titled "I heard it through the Grapevine..." the project proposes to examine "how communications between women living with breast cancer shape and are shaped by, how women with the disease take charge of their own lives."

Dr. Abby Lippman, of the McGill department of Epidemiology is one of the researchers involved in the project. Describing the instrumental inclusion of survivors in the research Dr. Lippman asserts "expertise comes in all sorts of ways and women who live with breast cancer are experts in their own lives."

Joy Laverdury, a breast cancer survivor and Dr. Lippman's research colleague perceives the study as "an extension of activism." Women involved become more assertive and knowledgeable in assessing the quality of their medical treatment.

"Since I've become involved, I've noted that my oncologist has been more open with me," Laverdury says.

Activists and breast cancer survivors hope this type of participatory approach to research signifies an emerging trend, whereby women are finally being given the opportunity to influence the scientific community, narrowing the gap between experience and the search for answers.

"This is a beginning and it will continue," Laverdury predicts, "there will be no turning back now."

DAILY GRAPHIC BY MAX FRANCISCO

*Women are encouraged to concentrate on the devastating effects of breast cancer in a cosmetic context, which deflects legitimate criticism of the medical practice of chemotherapy itself.*

## Brief

### BODY SHOP AND YWCA CANADA CAMPAIGN

Body Shops across Canada are taking the idea of self-care one step further. In collaboration with the YWCA of Canada and the Canadian Women's Foundation, the Body Shop launched a campaign on March 3, to fight violence against women.

The campaign, called "Expect Respect" is geared towards awareness raising and fundraising for programmes which deal with preventing violence — especially towards young women.

"We believe we have a responsibility to raise awareness of violence against women in youth relationships — zero tolerance is our goal," says Margot Fansen, President and partner of Body Shop Canada.

The 115 Body Shop outlets in Canada will distribute free literature on issues of violence prevention including how to give or get help and the facts

surrounding the issue of violence.

The campaign is only one component of the Body Shop's ongoing STOP Violence Against Women drive which began in 1993. The initiative followed a report released by Statistics Canada which stated that 51 per cent of women will experience violence in their lifetime.

The literature being distributed points to "a startling reality" of violence for young people in Canada. At least one in ten high school students, for example, have experienced violence in a dating relationship.

Fansen writes that "through our STOP Violence Against Women campaigns, we have learned that affecting youth attitudes towards violence is a necessary step" in ending the abuse of women.

This type of campaign is especially crucial as government support at all levels for battered women shelters and

assault prevention programmes dwindle due to cuts to social spending.

Cheryl Clinton of the Pointe Claire-Fairview Body Shop says "We want to make a big squawk [about the issue] but we also want to show other businesses that they can do the same thing and it won't hurt their businesses."

"We have an impact and we do make a difference. And if we could challenge every corporate business to take responsibility for their community, then it would help," continued Clinton.

For the Body Shop the fight against violence against women hits very close to home. "We have a 90 per cent woman-based company, it was started by a woman and 90 per cent of our customers are women," explains Clinton.

In the end, Clinton observes "it [the campaign] is a little thing, but it is a big thing because we are the only ones who are doing it."

*"We have a right to criticise the research rationale which seems to put profits before patients," — Caroline Bennett, breast cancer activist*



# KEEPERS OF THE KNOWLEDGE

## Aboriginal women active in renewed community health

by Anup Grewal

Feeding her newborn while I interviewed her over the phone, Brenda Thomas of the Health Secretariat of the Assembly of First Nations, explains to me the importance of women as care providers in aboriginal communities.

"Women have always been the strong ones, the ones who have held things together," she says.

"In fact, our elders used to say, 'When our women have problems, when the suicide rates for our women are going up — then we know we are in trouble.'"

Writing on aboriginal medicine, Leslie Malloch calls the woman — as a keeper of the knowledge of child birth, child-rearing and nutrition — a life-giver and practitioner of preventative medicine.

### PUSHED UNDERGROUND

For the last three or four generations, since the arrival of non-aboriginal settlers, the health of North American aboriginal communities has been declining — and aboriginal women have been affected disproportionately. And while women have continued to be the care providers in their communities, their prominent place as keepers of medicinal knowledge has been pushed underground.

"Women's roles [as healers] have been diminished since the contact with Catholicism," says Marilyn Johnson of the Aboriginal Health Office of the Ontario Health Ministry.

Kaarina Kailo, Women's Health professor at Concordia University, explains that "one of the biggest issues in health is poverty and abuse, which is there in Native communities because of colonialism and because of the breakdown of the community."

She points to the many years aboriginal people were put in government-run residential schools, forced to disregard their own histories, forget their languages and turn towards Christianity.

The major thrust of residential schools was to separate children from their parents — not only physically, but culturally and linguistically, as well.

Thomas says that under all these pressures, "the extended family has broken down."

### HEALTH A CONTINUING CONCERN

On top of these historical pressures, many aboriginal women are dealing with very real contemporary concerns.

"These women are often dealing with other problems such as stress, finances, the lack of education, inadequate housing, the lack of jobs, the lack of clean water and the lack of support for child care," says Thomas.

Due to their dismal socio-economic conditions, many aboriginal communities are having to cope with pervasive health problems.

"The most pressing issue for all Native people today is diabetes. Aboriginal women experience gestational diabetes — we don't know why," says Johnson.

Carrie Hayward, project manager of Ontario's Healing and Wellness Strategy says, "The fact that in Ontario up to half of the adult population has diabetes tells us a lot about nutritional and lifestyle aspects in our communities."

Johnson also points to AIDS as a big concern for aboriginal women today — especially for younger women — as well as teen pregnancy due to lack of birth control.

"Family violence has also been going on at a high rate for the last three or four generations," adds Johnson.

*"Women's roles [as healers] have been **diminished** since the contact with Catholicism."*

— Marilyn Johnson, Aboriginal Health Office, Ontario Health Ministry.

Women from the Aboriginal Women's Council of Saskatchewan write that, in the past, "abuse... whether sexually or physically, was not tolerated [by aboriginal communities] and there were many community standards that were followed."

"Now," the writers — who are all survivors of abuse — continue, "offenders are no longer punished and so they do it again."

"Many of our young women turn to the streets while many victims turn to self-mutilation and or suicide attempts."

The writers feel that the situation of family violence has to be viewed as a symptom of a larger situation. "When one looks at other social conditions facing our people, it is not surprising this social ill also affects us."

### RECLAIMING THEIR ROLE

"Women have always been the ones recognising their roles as nurturers and also it is women who have been abused," says Hayward.

But now, Johnson and Thomas say, aboriginal women are once again reclaiming their leadership roles in the well-being of their communities.

In 1974, to mark International Women's Year, a group of mostly women formed the Indian and Inuit Nurses of Canada (IINC), now called the Aboriginal Nurses of Canada.

Concerned about the health status of aboriginal people, the organisation wanted to get more aboriginal people into nursing and other health professions.

The IINC saw

health for aboriginal people as a "hot political issue," as the federal government and First Nations leaders often disagreed on the interpretation of Canada's treaty obligations to maintain the health of aboriginal communities — known as the "medicine chest clause."

At first the IINC received little support from the federal government. But by 1979, as a shift in federal policy to involve aboriginal people more in the planning and delivery of health care began, the IINC gained more prominence and, in 1983, set up its headquarters in Ottawa.

The trend of active women in aboriginal health care continued with the establishment of degree programmes in Native Community health care at Cambrian College in Sudbury and Mohawk College in Brantford Ontario — ironically, in the same buildings as a former residential school.

Gennine Ambeault, project officer at Mohawk College explains the focus of the programme as geared towards aboriginal specific issues and strategies. The programme was designed by the Ontario Union of Indians.

*"Even in the beginning, this programme [the Aboriginal Healing and Wellness Strategy] had a lot to do with women. Women developed the **strategy** and many of the people employed in it are women."*

— Carrie Hayward, project manager, Aboriginal Healing and Wellness, Ontario

Ambeault points out that 98 per cent of the students in the programme are women.

In 1994, after four years of consultation, Ontario natives were given the go ahead to set up the Aboriginal Healing and Wellness Strategy. The programme aims to deal with many issues including family violence and approaches to family healing.

An important contrast between aboriginal and non-aboriginal approaches to health care is represented in the new programme. Non-aboriginal societies tend to see health centred

on the individual, and health strategies try to cure problems as they develop.

This new programme places the individual in the context of their community, and attempts to prevent illness through a holistic approach to life. Aboriginal women have a central role in these endeavours.

"Even in the beginning, this programme had a lot to do with women. Women developed the strategy and many of the people employed in it are women," comments Carrie Hayward.

One of the first things to come out of the new strategy has been the greater legitimisation of traditional midwifery. While previously this practise was sidelined due to Ontario law which only allowed licensed midwives to practise, the new programme will incorporate traditional midwives.

Women will be given a choice whether they want to have their children at home, in a birthing centre or in the hospital.

This is an important step, especially for those communities that are far away from standard medical services. Women in these communities have often had to be flown into

city hospitals, well before the time of birth, feeling isolated from their families at a time when their families are important.

Hayward also points to the women oriented programmes such as abused women shelters which are being created, seven new ones already in serv-

ice since 1994.

### MOVING TOWARDS TRADITIONAL HEALING

While women are taking the health of First Nations Communities in their hands, Thomas admits that "things are still always a struggle."

"As we speak," she says, "cuts to health care by the federal government are happening. The AFN is trying to address this by pointing out that we have treaty rights to health."

Thomas considers the effects of government programmes to be relevant to women, and for Native communities in general.

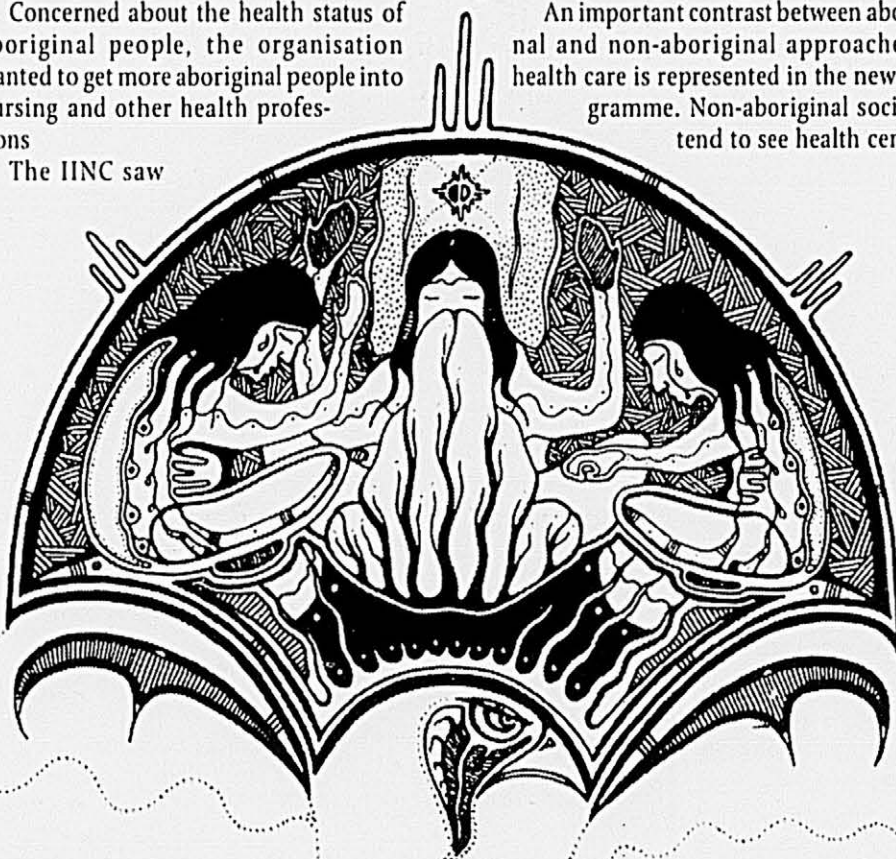
"Our ancestors guaranteed [that] the health of our children would be taken care of and we have to look to the future of our children."

"Aboriginal people are already underrepresented in the health care sector," says Thomas, pointing out that the recent proposal to cut funds for post secondary education for aboriginals is going to make it even harder for aboriginal students to be trained.

But at the same time, the federal government seems to be shifting to a strategy of giving Native communities more control over their health care.

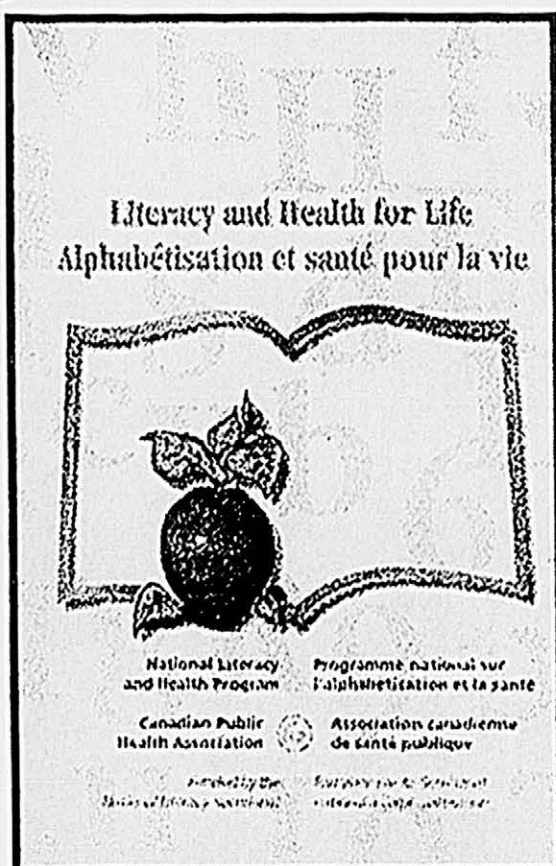
"In recent years there has been more of a shift to integrate western and traditional Native medicine and this is supported by band [councils]," says Thomas.

And with this shift, Johnson points out, "Women who have always been herbalists and child care givers but were forced to keep their knowledge underground are now coming back as the keepers of this knowledge."



GRAPHIC BY WAYNE TRUDEAU





# WORDS FOR WOMEN

## THE CHALLENGES OF LIMITED LITERACY ON WOMEN'S HEALTH AND WELL-BEING

by Lorna Yates

Most people don't think of literacy as a health issue. But it is.

According to Statistics Canada, close to 40 per cent of Quebecers have some degree of trouble with everyday reading and writing. And for women, this challenge raises unique health concerns.

Women with low literacy skills are less likely to practice breast self-examination and obtain pap smears. Clear language, both written and oral, and stress from women's multiple social roles impact their ability to decipher information.

Internationally issues of literacy are being addressed as people begin to see how they impact women's health.

The link between literacy and health was made recently at the United Nations' Fourth World Conference on Women held last year in Beijing. The Conference's Platform for Action urged "that health and nutritional information and training form an integral part of all adult literacy programmes and school curricula from the primary level." As well, conference organisers called for the eradication of illiteracy among women world-wide by the year 2000.

### CONCERNS CLOSE TO HOME

The Beijing Conference's initiative to address the connection between women's literacy and health comes after similar initiatives from other organisations.

In an effort to publicise the importance of functional literacy for women on an international level, the World Health Organisation developed a special focus on literacy and health for women in 1992.

Aleya El Bindari Hammad, advisor to the director-general of the World Health Organisation, commented in an article published the same year in the journal of the American Academy of Political and Social Science. "[Literacy] is associated with low infant and child mortality, better family nutrition, and lower population growth rates... It enables [women] to acquire greater knowledge and skills, which can be applied in all spheres of life from economic activities to better child-care practices."

While lower infant mortality rates may not be a main concern in a highly industrialised country like Canada, literacy remains an important factor for Canadian women's health. Studies have shown that people with limited

literacy skills have a poorer self-reported health status, greater activity limitation, a higher rate of accidents and are less likely to have a fire extinguisher, smoke detector, or a first aid kit at home.

People with limited literacy skills are also more likely to use medication incorrectly because of a low level of understanding of instructions for its use. These women also tend to have higher stress levels and self-confidence.

### QUESTIONING AUTHORITY

As well, women in Canada tend to perform multiple roles with many responsibilities. Dr. Linda Shohet, director of Montréal's Centre for Literacy, states that "the mother carries the responsibility for not only caring for herself, but her family. For women with limited literacy skills, promoting their own and their family's health is an added challenge."

A study called the Literacy and Health Project conducted by Frontier College and the Ontario Public Health Association, cites the example of a young student in a literacy programme who gave her newborn baby infant formula straight out of the can because she couldn't read the instructions to mix it with water.

Shohet says she has heard of similar situations through health professionals at Montréal hospitals. She also sees a more profound implication of limited literacy for women.

"There is this notion of [patient] compliance among some professionals," says Shohet, "[but] it is naive to think that compliance as the result of literacy is the objective. I want women patients questioning [their physicians]."

Shohet says it is important not only for women to be literate, but to develop critical thinking around health, allowing them to access information relevant to their lives.

Even among literate women, however, there is a barrier to questioning within the traditional bio-medical model.

Leslie Myers, a Professor in McGill's School of Nursing says many women feel uncomfortable in a questioning role when it comes to their health. "In a structured medical interview, many women may have difficulty speaking about such 'social' issues as violence or demanding role responsibilities. This impacts on women's health and feel-

ings of well-being," she says. This lack of doctor-patient communication has serious implications for women with limited literacy skills.

"It is common for a woman to be infantilised when a doctor is talking to her," says Shohet.

Asking questions can be even more challenging in an environment where the average medical information pamphlet is written at a grade nine level or above, when most experts recommend educational pamphlets be written no higher than a grade five level.

Many health care professionals are too busy to realise the special needs of patients with limited literacy.

"I know that some of my patients

can't read," says a head nurse in the emergency room of a Hamilton, Ontario hospital. "I guess that I just don't think about it when things are so crazy and all I have time to do in the follow-up is to give them a fact-sheet on how to take care of a broken arm."

Realising that some health care workers needed specific guidelines regarding care for patients with limited literacy, the Canadian Public Health Association joined forces with the National Literacy Secretariat. The objective of their National Literacy and Health programme is to promote awareness of the links between literacy and health among health professionals, with a focus on health information in

plain language and clear verbal communication between health professionals and the clients they serve.

Shohet points to clear language pamphlets on breast cancer as a step in the right direction for women.

But as many health care advocates point out, many challenges remain.

With the closure of so many Montréal hospitals, and the move towards earlier discharge of patients, the issue of women as caregivers for family members has a direct impact on women with limited literacy skills. The task will be to not only provide other alternatives for women in this situation, but also to offer them coping mechanisms.

## Briefs

### Montréal women's groups launch project S.A.V.E.

Identifying the important issues surrounding women's health, seven women's groups in Montréal will start project S.A.V.E. — to deal with substance abuse, AIDS, violence in the family and education.

On June 5, the organisations will host a one day conference, where information on these issues will be made available.

Joanne Brodtkin of Women's federation, federation CJA says the organisations felt it necessary to "provide information on these issues of concern in a non-threatening way and to encourage the community to become more proactive."

Brodtkin points out that while there may be many sup-

port services for people who are affected by either substance abuse, AIDS or family violence, "people just might not know how to get help. The places are there but people don't know about them, so there is always room for more information."

Furthermore, Brodtkin feels that "some people may be afraid to admit that they have a problem so they won't walk into a sexual assault centre for example. But a forum like this is more general and a person can get information in privacy."

**The conference will be open to all those who are interested and will take place at Cummings House, 5151 Côte Ste Catherine from 16h30 - 21h30**

**For more information contact either Debbie Dankoff at 731-3541 ext. 3030 or Joanne Broadtkin at 487-4862.**

### Toronto women plan more blockades

Women in Toronto don't plan to stay silent while cutbacks to women's programmes are being implemented by the Harris government in Ontario.

"The cuts implemented by the Harris government have hurt women in this province. Attacks on daycare, on schooling, on health, on employment equity and on job security, shatter peoples lives. Women are disproportionately hurt by these attacks and women have to pick up the pieces," said Brenda Goldstein, one of the December 6th Blockade Brigade Women.

Goldstein and 20 other women blocked traffic at a major intersection in Toronto on December 6th last year — the international day of action against violence against women.

When the women refused to move at the insistence of Police officers, they were arrested for civil disobedience and later charged.

The Crown subsequently withdrew the charges on the condition that they accept a diversion programme to perform ten hours of community service.

Although they have agreed to the diversion, the women feel that the charges should have been dropped completely without a penalty.

"While women are charged for a political action, held in prison for five hours and forced to appear in court, batterers and rapists walk," said Nora Currie, one of the women arrested.

Some of the Brigade women are planning to carry on with protests following civil disobedience strategies and potentially risking further arrest.

Fiona Miller, however, has chosen not to continue with the civil disobedience campaign. Miller comments that for the others to put themselves at the mercy of the court system is in itself significant as "the court system has been a dangerous place for many women."

The justice system remains unsympathetic and according to Miller, is continually siding with the state. "In our case, the court did not want to fight a long battle but police in the February 7th student strikes did up the ante and were willing to use more force. It's not a nice system," she says.



# SHREDDING CONFIDENTIALITY

## The Supreme Court allows sexual assault records into court

by Heather Sokoloff

What does it mean to be healthy? It's not just about a lack of sickness, but a general state of physical and mental well-being. With this definition, it is not hard to see rape as a health issue.

Rape is an act of violence and hatred. It is an infringement of a woman's physical well-being, and the threat of rape an infringement of her mental well-being.

But since trite and fabricated conceptions of rape continue to cloud its brutal and degrading realities, it comes as no surprise that Canada's judicial system is confused about who to blame.

In the past decade of legal discourse, there have been constant debates regarding whose rights should be protected: the victim's or the accused.

*"It's just a way for defense lawyers to say to women, 'we know you must be crazy because you saw a psychiatrist,'"*

— Alex Johnston, McGill law student

Should the accused right to defend himself be protected at all costs, even if this means jeopardising the victim's right to privacy?

Now, a recent decision by the Supreme Court of Canada has pushed this debate back to the forefront, and again raised the question of how the courts should deal with rape.

### RECORDS NOW PERMISSIBLE

On December 14, 1995, the Supreme Court of Canada ruled that attorneys can use confidential medical and counselling records to defend their clients.

That means that defendants, including accused rapists, need only show that such private records could be 'relevant' to their case for a judge to order them to be produced.

Alex Johnston, a McGill law student who has done graduate work in women's studies, sees the decision as a piece by piece dismantling of the Rape Shield Law. Passed in 1983, the law restricts the questioning of a rape victim's sexual history as part of the defense strategy.

Though the Supreme Court struck down the Rape Shield Law in 1991 — saying it infringed on the rights of the accused — civil rights lobbying managed to bring it back in 1992.

But now the victim's right to privacy may be eradicated completely.

### CRISIS CENTRES TREAD CAREFULLY

Perhaps the most important ramification of this ruling is its impact on sexual assault centres and the records they keep.

Immediately after the ruling was announced, centres in Ontario and

British Columbia began shredding files containing notes taken during interviews with clients involved in sexual assault cases.

In fact, this process of file shredding had been going on all year as many crisis centres had predicted such a decision.

Diane Lemieux, head of Québec's Sexual Assault Centres, said her group concluded a year ago that it should prepare for a ruling letting defendants use counselling records in court.

The organisation told its members to keep any potentially damaging revelations out of their notes. "We consulted experts and did some prevention," said Lemieux.

With the recent ruling, statements commonly made in therapy like "I

don't know if it was really rape" or "I'm not sure what happened," may be used by the defendant's lawyer to try to invalidate the victim's claims.

But such statements often stem from a woman's reluctance to label their experience as rape.

Psychiatry professor Benjamin Saunders

is the co-author of a recent US government study estimating the number of rapes or attempted rapes in the US each year to be 310 000.

According to him, "It's well known among researchers that if the questioner uses the word 'rape' instead of just physically describing forced sexual intercourse, the number of positive responses goes down by about 50 per cent."

### WHO PAYS THE PRICE?

The Supreme Court's December ruling has left advocates for the rights of rape survivors reeling.

They forecast a return to an earlier era, where women failed to report sexual assaults because the legal consequences were so traumatising.

"For the accused to gain access to all of that emotion-based information is another rape in itself," said Diane Oleshiw, a lawyer for a Toronto rape crisis centre.

She predicted that rape victims may feel they have to choose between pressing charges and seeking counselling to deal with post-rape trauma.

Oleshiw's reaction is echoed by other workers in sexual assault centres, who fear the Court's decision will delegitimise the woman's experience of rape, to 'protect' the rights of the defendant.

"It's a sad decision," said Anne Marie Aitkins, a spokeswoman for the Ontario Coalition of Rape Crisis Centres, in an interview with the *Globe and Mail*. "I don't believe that anyone really wants to see these records — they just want to disempower women and separate them from their support services."

Sandra Gau, of Auberge Transition,

a Montréal shelter for female victims of abuse, believes that the treatment of women by the police is deterrent enough for women who are considering pressing charges.

"Once again, we are blaming the woman. Her past medical history has nothing to do with the man. The responsibility of the rape has to be the man. This is legislation that reinforces the fact that we are living in a patriarchal society," she said.

### MIXED REACTIONS

Students at McGill who work in the area of sexual assault support services were similarly worried by the Court's December ruling.

Referring to the implication of the ruling, Dierdre Harrington, external co-ordinator of the Sexual Assault Centre of the McGill Students' Society (SACOMSS), said "it's a scary decision, as anything can be subpoenaed."

Harrington stated that SACOMSS will not be affected by this decision since the centre offers a confidential telephone help-line system. Counselors do not take names or keep records.

Nonetheless, Johnston said the ruling undermines our understanding of the notion of doctor-patient confidentiality.

She says the law also reveals that a double standard towards women is still present in the courts today. If someone claimed to have been robbed or as-

absolute discretion in their interpretation of when and where records can be accessed, a fact which renders the im-

and *Mail* that counselling records can be a crucial aid in proving that a fragmented account by a vulnerable com-

*With the recent ruling, statements commonly made in therapy like "I don't know if it was really rape" or "I'm not sure what happened," may be used by the defendant's lawyer to try to invalidate the victim's claims.*

plementation of the legislation subject to the whims and personalities of individual trial judges.

"I have a lot of trouble with the idea of having judges screen cases. Most judges who are white, middle age men may not be able to empathise with the women's situation."

Montréal criminal lawyer Suzanne Costom agreed with Johnston's concern, stating that, "The major flaw of the judicial system is that judges are human."

But unlike Johnston, Costom supports the Court's ruling and says she thinks it is restrictive enough to prevent abuses to the victim while protecting the rights of the accused.

"If the accused wants access to the records, the defense has to be pointing to something specific that they are

plaintiff had been bolstered by overzealous counsellors.

Costom agrees that the decision is a good one because it is based on the premise that "it is better to acquit guilty people than convict innocent ones."

But the reasons offered by Gold and Costom in defense of the Court's ruling suggest that some women are making their accounts of sexual abuse up, in what some call False Memory Syndrome.

Those who argue that FMS exists say that sometimes therapists induce memories of sexual assault in their patients — a claim that people working with sexual assault survivors, and survivors themselves, reject.

According to Megan Ellis, a Vancouver lawyer who represents many



After the Supreme Court's decision, women in court may face new challenges to their cases.

saulted in the street, she says, their credibility would never be questioned by assessing their psychiatric medical files.

"It's just a way for defense lawyers to say to women, 'we know you must be crazy because you saw a psychiatrist,'" she says.

Like other critics of the ruling, Johnston also points out that the legislation is structured in such a way that it can only be enforced on a case by case basis.

This means that judges are given

looking for. The Supreme Court does not allow for a general fishing expedition into these files," she says.

According to the process proposed by Court, trial judges are to examine the counselling records in question to see whether they pass the hurdle of probable relevance.

The trial judge must then weigh how valuable the records are to the defense, against the victim's right to privacy.

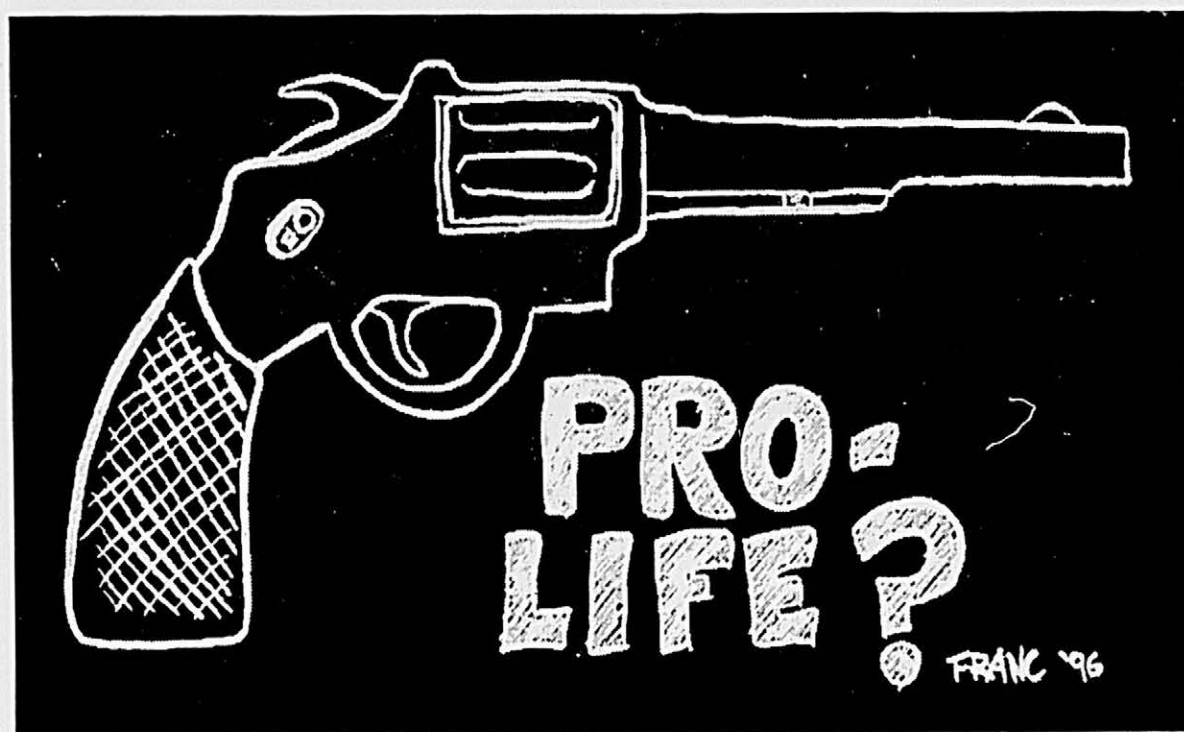
Lawyer Alan Gold told the *Globe*

sexual abuse survivors, "False Memory Syndrome is a public relations coup for people who want yet another so-called scientific theory to buttress the age-old argument that women who say they have been raped or sexually abused are not credible."

As such, while some argue that private records may be necessary in some cases, many agree that the recent Supreme Court decision points an accusatory finger at survivors of sexual assault and rape.



# TERRORISING CHOICE



DAILY GRAPHIC BY HYPATIA FRANCIS

## Anti-abortion radicals target clinics

came law in September of last year and established "bubble zones" around clinics, doctor's homes, and individuals. Within these bubble zones, protesting is illegal. Private injunctions against protesting in Ontario currently protect 17 people.

According to Cathy Colombo, chief of operations at the Morgentaler Clinic in Toronto, the private injunction against protesting within 500 feet around the clinic has made a significant difference.

"The difference between pre- and post-[injunction] is night and day," she said.

But court injunctions and bubble zones do not stop bullets. Dr. Short was shot at home even though his house was covered by an injunction, said Corsillo.

The Short and Romalis shootings

and the fact that law enforcement officials have not made any arrests on either of the cases suggests that not enough is being done.

"I think that there are a lot of words already in place, but there seems to be... a significant lack of will," said Corsillo.

Her frustration extends to the anti-abortion movement as a whole, which she blames for not disowning its most radical members.

"The idea that they are not linked in some way to the anti-abortion movement to us makes no sense, because the two things feed upon each other," she stated.

"They [members of the anti-abortion movement] have a responsibility to root out that element, and so far they've done nothing."

— With files from Lexi Garland.

by Jacqueline Reis

Last year, on November 11, Dr. Hugh Short was shot in his home in Ancaster, Ontario. It was the second time a Canadian doctor who performs abortions had been shot in as many years. Almost a year earlier, Dr. Garsom Romalis nearly bled to death after being shot in the leg in Vancouver.

The trend is clear. Failing to win support at the ballot boxes, some members of the anti-abortion movement are resorting to violence.

Despite the shootings and harassment, however, many abortion providers in Canada refuse to be scared off. If anything, the increased militancy among their adversaries has instilled increased dedication among abortion providers to uphold a woman's right to choose.

### CLINICS UNDER SIEGE

While abortion providers across Canada have faced daily harassment, the situation inside Québec differs. This may be due to the fact that there are fewer private clinics and abortions often take place within CLSCs and hospitals.

Carole Vallée, a nurse at the CLSC de Marigot in Laval, said her clinic has never experienced any form of violent protest. "So far we have been lucky," said Vallée.

Gin Bergeron of the Centre de Santé des Femmes reported that although the centre installed security buzzers during the Human Life International conference last April, it has never been targeted by protesters.

The sentiment at Toronto clinics, however, is that the recent shootings in Vancouver and Toronto did not come without warning.

"I think everyone who provides a service in a setting like ours [a private clinic] has experienced harassment," stated Maria Corsillo, manager of Toronto's Scott Clinic, one of four abortion clinics in Toronto.

"There are groups in Canada that encourage violence against abortion providers," added Marcia Gilbert, executive director of the Canadian Abor-

tion Rights Action League.

But Corsillo maintains, "There are a lot of very committed people who are involved in the provision of care." "You're aware [of the dangers] but you still continue to do your work."

According to Corsillo, standing up to terrorist actions is part of preserving democracy. "The idea that you can be in a democracy and allow people to terrorise a certain sector of the population... is abhorrent to a lot of people."

### THE LARGER ISSUE

Asked about the attacks on abortion providers, Gilbert commented, "What we're talking about here is the control of women, not only their reproductive rights." Her statement highlights an important facet of the anti-abortion movement's perception of women.

"It is a fundamental principle of democracy that women must be treated as equal citizens," said Corsillo.

But this seems to contradict the role of anti-abortion "sidewalk counselors" who operate outside clinics, in assuming women cannot make reproductive decisions for themselves.

"Where did the notion start that if she's pregnant and doesn't want to be, she is inadequate and in need of counseling?" Corsillo asked, referring to the protesters' practice of harassing clinic patients.

"We are allowing the anti-abortion forces to behave in a way different from how we let everyone else behave," Corsillo said. She suggested that even law enforcement officials prosecuting anti-abortion radicals, may hold sexist views resulting in a lack of commitment to cracking down on violent "pro-lifers."

### BUBBLE ZONES WON'T STOP A BULLET

Following the Romalis shooting in Vancouver, injunctions were taken out against demonstrators to expand on the Canadian criminal code's prohibition of intimidation, watching or besetting a workplace and interfering with

another's use or enjoyment of property. In British Columbia, the provincial Access to Abortion Services Act be-

## DECRIMINALISING PROSTITUTION

Canadian lobby works to make safer environment

by Joelle Bolduc

Seven years ago Mini Alakkatusery came in contact with some of the realities of life on Montréal's streets and did not like what she saw. Last year, the opportunity presented itself for her to finally do something to change this situation.

Alakkatusery joined a cross-Canada lobby of various groups of researchers, sex workers, and human rights and community activists working on issues related to the decriminalisation of prostitution. Their goal was to effectively pressure the federal government to amend the Criminal Code.

Under Canadian law, prostitution itself—the exchange of sexual services for money—is legal. However, everything surrounding this exchange is not: solicitation in public places, the keeping of brothel and being in a brothel are all prohibited by the Criminal Code. Alakkatusera notes that "these laws, aimed at counteracting street prostitution, do not work and simply increase the hazards associated with the trade."

According to a 1983 study by the Bureau of Municipal Research in Toronto, street prostitution accounts for a mere 20 per cent of all prostitution in the city.

"These prostitutes are the most vulnerable to theft, assault, and rape, yet the law targets them and allows them no legal recourse to file complaints or seek protection from the authorities," adds Alakkatusera

"The criminalisation of a legal activity such as prostitution creates an environment of lawlessness where both prostitute and client feel they can do anything to one another."

How would decriminalisation change this situation? Frances Shaver, professor of anthropology and sociology at Concordia University, has done much research on prostitution in Canada.

She argues that "under decriminalisation, prostitution is regarded neither as a crime nor a licensable activity" (as it would be under legalisation). Rather "prostitution is considered to be a personal choice and hence a private matter between consenting adults."

The issue of "personal choice" is a contentious one. Alakkatusera observes that "some prostitutes are proud of their trade and want to do this. For others choice is relative, their economic reality limits their choices. However, this has more to do with the poor socio-economic conditions faced by many women in our society, not with prostitution itself."

The aims of decriminalising prostitution are to make the working environment a safer one for prostitutes, under the protection of existing labour laws and to avoid continued marginalisation of the trade which legalisation—with the implementation of special laws regulating prostitution—would essentially result in.

Yet other considerations exist. "There must be a successful implementation of long-range programs aimed at eradicating both socio-economic disparity between women and men and the double standard of sexual morality," says Shaver.

"These programs would modify prostitution, not eliminate it, by creating an environment free of emotional prejudice where those who become prostitutes are adults who are not compelled to do so; [and] where prostitutes are no more economically exploited than other wage workers," adds Shaver.

These measures will only be implemented through a successful lobby of the federal government and primarily through raising awareness in the general population.

Alakkatusera hopes the up-coming conference on prostitution and other sex work will be a first step in that direction.

The conference will be held September 27 to 29, 1996 at Université du Québec à Montréal (UQAM). Also, on April 12, there will be a benefit concert to raise funds for the conference and help create solidarity between the music world and sex workers, at the Stornaway Gallery in downtown Montréal.

For more information or if you wish to get involved with this project please call Mini at the QPIRG office of McGill at 398-7432.



# Re-envisioning student life

## A survivor's reflection on self-care

by Ramona Roberts

Writing as an incest survivor and a McGill student, I have to say that I've often felt as if no one person can live both of these realities.

When I began two and a half years ago to have memories of being assaulted and tortured as a child, I really

Student Life as it's supposed to be are all about studying hard, and partying hard; the golden years of our lives. Self-care in general is not a high priority, and emotional health least of all. Problems like sexual assault, past or recent, aren't supposed

sentence by sentence, between breakdowns?

But the more I tried to live as I had before remembering, the clearer it became that I didn't have a choice. Whatever had happened to me, I needed to heal - whatever that took. By making

cest, mental health problems and counseling (which, incidentally, can provide an "official" excuse for your unsupportive prof). If the abuser(s) are also on campus, it may be hard to feel safe. The general atmosphere of denial around the issue of sexual

or whether you call it abuse, your feelings matter. Your pain is real and exists for a reason, whether or not you have the kind of memory and certainty a court would demand. You deserve to honour your feelings, and find the support that you need. This could be sup-

*The general atmosphere of **denial** around the issue of sexual **assault** can be smothering. But survivors have a **right** to support.*

felt as crazy as some people thought I was. My memories began as feelings, rather than the impressively complete and quick "audio" and "visual" flashbacks presented on TV (I'm still jealous of those characters, who managed to remember everything, stop blaming themselves, find support, confront the abuser and be rewarded for their courage all in an hour or less). I felt vaguely that my low energy, panic attacks and frequent feelings of terrible grief were all related to some kind of abuse experience, but I didn't know much more. I had trouble consistently believing that I wasn't just making the whole thing up.

Living my "public" life, believing in myself and respecting my needs as a recovering survivor was and is even harder. The images we all have of

to exist at all. Even in classes and clubs where you do talk about them, no one's supposed to actually be a survivor, or need help.

I tried for a long time to live up to that image - it was a hell of a lot more appealing. Who wouldn't rather go for coffee after class than head home to cry

(and renewing) that commitment to myself, and looking for ways to help myself, by caring for my body, reading, writing, and finding a support group and supportive friends, I've created a network for myself which has enabled me to do a lot of healing. I like myself a lot more. And I'm deeply proud of my-

assault can be smothering. But survivors have a right to support, and we deserve to have our needs met so that we can heal.

I am deeply, heartbreakingly sorry that there are so many of us and that we have to do this work at all. And I am furious that any individual or insti-

port from friends you trust, a group, a help-line, books about abuse and recovery, or other ways of dealing honestly and safely with your feelings about your experience. We all have our own particular needs and ways of healing. And we all deserve to heal.

I am fucking proud of everyone of

**Keep hanging on, and healing. You are not alone.**

in bed? Or have a drink with friends rather than stay sober because you're scared of having a flashback or suicidal thoughts while under the influence? And who wouldn't prefer to put everything aside and get your work done, rather than grinding out papers just long enough and good enough to pass,

self. It's still hell, but I'm here.

Being a student presents a lot of challenges to healthy self-care for survivors. Professors' attitudes toward extensions aren't always supportive. Fellow students may not recognise emotional problems as "real", and may even joke about rape, in-

tution dares to make recovery harder for us. We shouldn't have to work so hard to make space to heal. But please - keep trying. If you are a survivor of childhood or adult sexual abuse, you are not alone. These are real problems, which do exist at McGill. Even if you don't feel sure about what happened,

us who has survived. I wish all of us the strength to commit to self-care, even where it conflicts with an academic or social goal. No one has the right to tell us not to care for ourselves or recognize our needs.

Keep hanging on, and healing. You are not alone.

# How did Jack get into this story?

## CONTRACEPTIVE TECHNOLOGY PRODUCTION AND IMPLEMENTATION

by Meredith Cohen

Homo Faber

Man as maker

Jack of *Jack and the Beanstalk* thought his life would be changed with a few magic beans. But he slowly discovers that he was slightly deluded.

Similarly, women are led to believe that birth control will facilitate our lives and lead to a more 'liberated' existence. For some this may be true, but considering the inherent power structure involved in the production of contraceptive technologies, they are used as forms of population and reproductive control — and it all started with a few magic beans.

According to a study done by Inter Pares, a non-profit organisation and corporate watch group, contraceptive technology has a complex history.



It was not until after the 1960s and the accompanying women's liberation movement that US industry and mainstream researchers began their involvement in birth control production.

In 1962, the first

oral hormonal contraceptive, widely known as "the pill," was tried in Puerto Rico. It was developed with the intent that it would be an effective contraceptive device for the 'poor, uneducated masses'.

The scientist who researched and created "the pill," a man named Gregory Pincus, did so, strangely enough, at the request of Margaret Sanger, who was then affiliated with the Planned Parenthood Federation.

Unintentionally, it became of interest to white, middle-class women. Hailed as "a milestone of women's emancipation," and embraced by 'the girl next door', it was in fact created for a radically different group of users.

However, with such expansive middle-class and professional popularity, contraceptive development became "a socially acceptable, even desirable endeavor," writes Inter Pares.

Once the popularity of contraceptive ideas caught on, industrial philanthropists such as Rockefeller and Ford soon began funding networks of scientists and institutions to begin contraceptive research and development. Pharmaceutical companies quickly became major contributors as well.

By the 1970s, as many liability suits concerning faulty safety claims arose, these

major pharmaceutical corporations lessened their involvement.

Other fields of development were more lucrative, especially with the tightened safety restrictions in response to opposition from women's groups.

Governmental and international non-profit organisations and small firms then took up the development of birth control devices.

Following models similar to Rockefeller's Population Council, the Indian and US governments established institutes for contraceptive development.

Today, non-profit organisations such as these concentrate on the production of 'long action' contraceptives such as Norplant or Depo Provera. Effects are long-lasting, up to five years for the Norplant, and have a low 'user-failure' rate. The Norplant was funded by the Population Council.

Large pharmaceutical companies only get involved in the developmental process until a product is in its final stages and can be profitable mass-marketed.

cuperate funds."

Instances of this have occurred with pills proven to have dangerous chemical balances, condoms constructed with out-dated designs and the Norplant before it was properly tested.

These contraceptives are often distributed with population control, not health, in mind.

Recently in Indonesia, a new policy was implemented in which women must agree to have Norplant inserted or their partners must be sterilised before they can receive an abortion.

In Washington state legislators proposed the involuntary insertion of Norplant in mothers of babies suffering from drug-addiction or fetal alcohol syndrome.

In Arizona, Washington, Florida, and South Carolina, legislation has been proposed that would link welfare benefits to use of the Norplant.

And currently, women in India are participating in 'clinical trials' of an experimental anti-fertility injection. Women groups internationally are greatly concerned not only over health risks, but issues of informed consent, as well.

Birth control is much more complex than a magic pill. Contraceptives are often not the panacea that legend would have them be, but old myths die hard.



# WOMEN'S HEALTH GAINS NEW ATTENTION AT BEIJING

But women still wait for governments to make it a priority

by Christine Birbalsingh

Since the First UN World Conference on Women was held in Mexico in 1975, improving the health of the world's women has increasingly been viewed as crucial to the overall advancement of women.

This is reflected in the discussions on equal access to health care that were part of the Fourth UN World Conference on Women held in Beijing, September 1995.

The conference's Platform for Action outlined critical areas of concern, such as violence against women, the feminisation of poverty, women and education, reproductive health, sexuality, and the effects of persecution and armed conflict on women.

Over the course of 11 days, delegates in both the official and the Non-Governmental forums discussed women's "different and unequal access to and use of basic health resources," stated a draft for the Platform of Action.

One of the largest areas of discussion was "the trend towards early sexual experience [which], combined with [the] lack of information and services, increases the risk of unwanted and too early pregnancy, HIV infection and other sexually transmitted diseases, as well as unsafe abortions."

Environmental health hazards and "mental disorders related to powerlessness and poverty" were also listed in the draft's outline.

The Beijing women emphasised government initiative in promoting women's health as essen-

tial to overcoming the health concerns defined.

The draft recommended that governments "recognise and deal with the health impact of unsafe abortion as a major public health concern."

Other recommended strategies included "[ensuring] the availability of and universal access to safe drinking water and sanitation" in developing countries; "[promoting] public information on the benefits of breast-feeding...and enable mothers to breast-feed their infants by providing legal, economic, practical and emotional support"; and "[ensuring] full and equal access to health care infrastructure and services for indigenous women."

## PROGRESSIVE IDEAS MEET RESISTANCE

However, it is perhaps on the level of government initiative that the realisation of the Beijing Platform may meet its biggest obstacle.

Ariane Brunet, from the Centre for Democratic Rights and Development in Montréal, who attended the conference, believes implementation depends on the "political willingness of the states who participated."

Such a UN conference works on "slow diplomatic steps," says Brunet. "Drastic changes will probably not occur."

The Platform has designated five years for governments to start implementing actions.

But governments tend to deprioritise pro-

grammes such as improving women's health, under the excuse of pressing economic or political concerns.

The Beijing Platform points out that "most of the goals set out in the Nairobi Forward-looking Strategies for the Advancement of Women have not been achieved." Indeed, many of the strategies recommended during the last UN conference on women in Nairobi remain as yet implemented.

The reality is that barriers to women still remain.

In January, the UN Secretary General released a report entitled *The World's Women 1995: Trends and Statistics*, which begins by remarking that while women have made significant progress throughout the world in the last 20 years, many areas — including that of health — still need work.

The report states, for example, that too many women still have no access to reproductive health care. While pregnancy and childbirth have become safer for women in most of Asia and Latin America, the situation has not changed in most of sub-Saharan Africa. In Eastern Europe, maternal mortality is increasing.

The report encourages governments to take more action "so that the principle of equality — as enshrined in the Charter of the United Nations — becomes more than an ideal."

While the U.S. has committed itself to a \$1.6 billion programme to combat domestic violence

and Australia announced a comprehensive health programme for aboriginal mothers and children, Canada stayed away from particulars.

Sheila Finestone, head of the Canadian delegation and federal secretary of state for women's affairs, avoided pledging any new government objectives or strategies.

Although specific programmes were not discussed at the conference, Karen Robertson, from The Status of Women Canada, affirms that the Canadian government prepared its own "Federal Plan for Gender Equality" in preparation for the conference.

The plan outlines specific commitments, such as a new child care research and development fund, and a programme for Aboriginal child care on reserves and in Inuit communities.

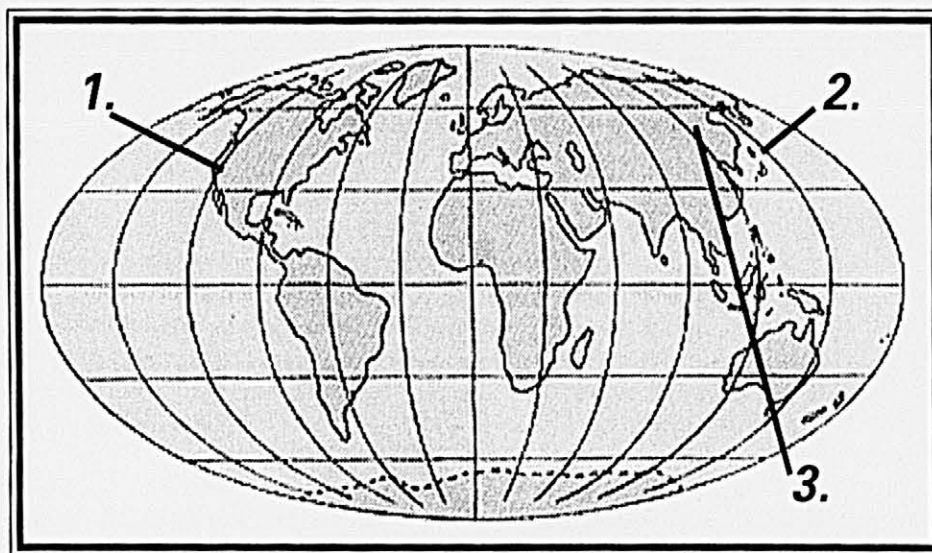
But the present reality of the Canadian political environment indicates a dwindling of commitment to women's programmes, as part of the backlash on social spending.

Furthermore, general cuts to welfare, subsidised education and health care will also hit women disproportionately.

Brunet points out, "A lot of work still needs to be done like pushing and lobbying."

Conferences, she says, are a means to "test the temperatures of certain issues," the rest is up to the people, organisations, institutions and governments — the question is whether they will take these conferences seriously.

## WOMEN WORK FOR BETTER HEALTH AROUND THE WORLD



### 1. LATINA WOMEN LEFT OUT IN THE COLD

A group of frozen food workers in California have been shafted by industry.

In February, the Norcal-Crosetti Frozen Food plant in Watsonville, California closed down leaving 700 Mexican-American women out of a job with no severance pay, extended medical benefits, or transfers to other nearby plants owned by the same company.

The factory's closure comes in the context of worldwide "downsizing" in industry.

But workers in Watsonville have a long history of fighting industry. In 1985, Latina workers struck for 18 months over cuts in wages and benefits of 40 per cent. The strike led to significant grassroots activism which continues today.

While the election of several Mexican-American city councilors, Latina women in the city have achieved more power. But with the North American Free Trade Agreement in place, more frozen food companies have decided to move south of the border in search of cheaper labour.

But Socorros Murillo, a 19 year veteran of the recently closed factory, still has some hope. She plans to initiate organic farming in the area. "The struggle won't die because this plant shut down," she said.

—Sources: *International Press Service*

### 2. JAPAN WOMEN TELL U.S. TO LEAVE

In January, several prominent Japanese women writers, professors and community leaders called for the removal of U.S. bases from their country.

The women argue that Japan is "paying for 70 per cent of the cost of the presence of 47 000 U.S. soldiers," a cost which has "squeezed the Japanese national budget for intensely needed social programs such as welfare, education and [programmes] for the elderly."

The 136 US bases are the remnants of an occupation force which "colonised" Japan after World War II.

The majority of the US placements are located in Okinawa where the women report that "the people of Okinawa were made to give up their fertile lands at gun-point and bulldozers, deprived of their right to live, and have been forced to suffer from the noises of military exercises."

As well, some women decided to take up the recent rape of a young girl.

In their statement, the women declared, "The most important thing we believe is to recognise the sovereignty of nations in solidarity with the people of the world."

—Source: *People's Weekly World*

### 3. WHICH HALF?

Mao Zedong once described the new equality women would gain under the People's Republic of China as, "Women hold up half the sky."

On Friday, as part of International Women's Day, President Jiang Zemin reinvoked these words to describe the achievements Chinese women have made. The government's determination to achieve equality of the sexes, said Jiang, "is an important indicator of the civilisation of society."

But the other half of the story sheds some question on the extent of this touted equality. A recent report by *Women's Wire* documents that "unmarried women undergoing abortions in China are mocked, humiliated and cruelly treated."

Pregnancy of unwed women seems to be on the rise as the country goes through a type of sexual revolution due to unprecedented sexual awareness and experimentation.

Abortions for unwed women now count for one-third of the total in Beijing, the capital city. But the attitudes of officials and government doctors don't seem to be changing. A physician told the *China Women's Daily*, "These women have no self respect. If mistreated, they will be frightened and will not so easily become pregnant again."

Source: *Women's Wire*



# PROTECTED BY WHOM?

## *Few rights for women domestic workers in Québec and Canada*

by Reiko Cyr

With the rise of dual-income families over the past few decades, fewer middle and upper class women are staying at home. The result is the increasing employment of domestic workers to care for their children and clean their homes.

week without overtime pay.

Domestic workers whose tasks involve domestic duties not directly related to the care of a person are protected by the act. However, their wages are still lower than the general standard of \$6.45 per hour for

come to Canada through the programme, now called the Live-in Caregivers Programme. Of these, 98 per cent have been women.

But these women immigrants have been confronted with a job reality less desirable than what they may have bargained for.

domestic workers undervalued, argue Bakan and Stasiulis.

For Caron, the programme is also problematic because it increases the vulnerability of workers through, among other things, low wages, often defended as being justified by the provision of room and board.

Yet, despite their low wages, many women pay for their own apartment in order to secure privacy.

Although employers are required to supply a separate room with a lock for the worker, a 1995 survey conducted by the association revealed that almost 50 per cent of women domestic workers did not have locks on their doors.

For many workers, this means that employers' children can enter when they want, leaving very little time-off.

For other workers, it has led to cases of sexual abuse.

The association's monthly publication reported a Jamaican woman's account of being sexually assaulted by her male employer, who entered her bedroom which did not have a lock.

Unfortunately, many domestic workers, especially those on the programme, are reluctant to complain of sexual harassment, overwork or underpayment due to fear and a feeling of isolation.

The relative silence, however, does not

Women under the programme may **only** apply for landed immigrant status after **two** years of work, during which time they are **required** to live with their employer. In the meantime, their **temporary** work permits are **assigned** under the employer's name.

But rather than being integrated into and respected as part of the labour force, women employed as domestic workers have remained marginalised.

Says Denise Caron, co-ordinator of Montréal's Association for the Defense of Household Workers' Rights, "We are talking about women that are invisible, women that are doing something that we really don't realise is important."

For the past 20 years, the association has provided support for Québec's domestic workers, currently estimated to number 10 000.

The low priority given to domestic workers is reflected in the province's labour laws. In 1980, the Québec government passed the Act Respecting Labor Standards, with the mandate to create universal labour standards across the province.

These standards include overtime pay, paid statutory holidays and minimum wage. However, the Act specifically excludes from protection the *gardienne*, or domestic worker whose main task is to care for children, handicapped or elderly people.

The lack of protection afforded by the Québec labour laws allows employers to demand long hours for very little compensation. Many of the association's members are working between 60 to 80 hours per

a 44-hour work week. The Québec government sets the minimum wage for domestic workers living in the employer's home at \$250 for a 51 hour-work week, which works out to \$4.90 per hour.

Caron argues that the government's calculation of the domestic worker's wage on a weekly, rather than hourly, basis makes it very difficult to claim overtime.

This discrepancy in wages reflects the low value placed on domestic work by society, say some critics, and contributes to the poor—in some cases harmful—treatment they often face from employers.

Women under the programme may only apply for landed immigrant status after two years of work, during which time they are required to live with their employer. In the meantime, their temporary work permits are assigned under the employer's name.

Many domestic workers groups argue that this amounts to "indentured servitude."

In their 1994 paper, *Foreign Domestic Worker Policy in Canada and the Social Boundaries of Modern Citizenship*, Abigail Bakan and Daiva Stasiulis state that the probationary status of the domestic worker coupled with the live-in requirement already creates a significant class difference between

Although employers are **required** to supply a separate room with a lock for the worker, a 1995 survey conducted by Montréal's Association for the **Defense** of Household Workers' **Rights** revealed that almost **50** per cent of women domestic workers did **not** have locks on their doors.

### INDENTURED SERVITUDE?

In 1981, in response to the growing demand for domestic workers from upper-middle and upper class households, then-Minister of Immigration Lloyd Axworthy prompted the federal government to create the Foreign Domestic Movement. The programme stated that there was a shortage in Canada of live-in domestic workers.

By 1991, 60 000 immigrants began to

the two parties.

Racial attitudes are another factor contributing to the low status afforded to domestic workers. By 1990, approximately 75 per cent of new domestic workers were women of colour from developing, or non-Western industrialised countries.

Prevailing racist stereotypes of Filipino women as "nurturing and docile" and Caribbean women as loving "mammies" keep

erase the reality of the situation faced by many domestic workers in Canada.

"People who are Canadian citizens know that they don't have to work under these conditions, so they don't take that kind of job. So [the Canadian government] brings in somebody who can't challenge that and who will accept that until they become a citizen or until they get their permanent residency status," says Caron.

# HOMELESS WOMEN OFTEN IGNORED

## *Public lecture looks at needs of homeless mentally ill women*

by Akbhar Hussain

For the Allen Memorial Institute (AMI) at the Royal Victoria hospital, focusing on women's issues for just the length of a week misses the point—mentally ill homeless women is a burning issue all year.

Dr. Leona Bachrach of Maryland University's Psychiatric Research Center agrees, and will be coming to the AMI March 20 to speak at a public lecture entitled "Mentally Ill and Homeless: Our Neighbors in the Street."

It is the AMI's hope that getting an international authority like Bachrach to speak will raise awareness about the various factors that "make homeless women uniquely stigmatised, uniquely vulnerable, uniquely lacking in resources and uniquely difficult to serve."

Bachrach, whose work has illustrated differences in the experiences of homeless men and women, also stresses the importance of making a

distinction between homeless people who are mentally ill and those who are not. She says this would require the social structure to address the specific needs of different homeless people.

Demographically, the homeless population is changing and in her research, Bachrach refers to the "feminisation of poverty."

An increasing number of impoverished single women, often with their dependent children, are joining the ranks of the homeless.

In Montréal, institutions like Auberge Madeline (a short term shelter for women in difficulty) find themselves forced to turn down women in need. The number of women they must refer to other institutions is over a hundred a month.

At the same time, Bachrach notes that making psychiatric diagnoses within the homeless

population is especially difficult with respect to women.

"Too often, inferences about homeless women are based on observations of homeless men and do not consider the differential effects of gender-related circumstances within the target population," comments Bachrach.

Homeless women may also remain 'invisible' because

few agree to respond to the queries of researchers, skewing the research to represent a tiny portion of the homeless women's population.

Bachrach also points to the fact that the psychiatry system is inaccessible and therefore ineffective regarding homeless women.

"Homeless women appear to be more discriminated against and less equitably served than homeless men," she says

Care for these women is also blocked by political hesitance, according to Bachrach, who notes that political leaders are not ready to admit that their societies have a growing homeless population. There is even more uneasiness with the idea that a portion of this population is mentally ill.

Bachrach points out that the real task at hand is to help the homeless and mentally ill in a process of reintegration into society, saying that sometimes all that is needed is a warm place and some care to begin the process of healing for a mentally ill homeless person.

*The Royal Victoria Hospital's Allen Memorial Institute's lecture on the "Mentally Ill and Homeless: Our Neighbors in the Street" will be given by Dr. Leona Bachrach on Wednesday, March 20 at 19h30 in the Moot Court Room at the McGill Faculty of Law, 3647 Peel Street.*



## EXPLORING AIDS IN CANADA'S WOMEN'S PRISONS

# A STONE UNTURNED

by Mark Narron

When women in Kingston, Ontario's Prison for Women made the news last year after the prison guards called in security's riot squad, Canadians were made aware of the issues women prisoners deal with, such as violence and abuse. But women prisoners must also deal with health issues, like AIDS, in a trying environment.

Referring to the scant attention paid to the issue of women prisoners and AIDS, Rick Lines, Prisoner Outreach Co-ordinator at the Prisoners with HIV/AIDS Support Action Network (PASAN) says that "because it's been viewed as a male disease, women's needs are often ignored."

Although women in prison are twice as likely to be infected by HIV as male prisoners, they are less likely to receive proper treatment. PASAN is pushing for adequate policies on HIV and AIDS in prisons, and providing inmates with support and education they need.

"Women prisoners with AIDS die much faster than men," explains Lines, "because they have different symptoms than men, they are often denied adequate care."

"Doctors trained in HIV tend to look for male symptoms and are less likely to make an early diagnosis of infection [in women]. Consequently, their treatment starts later."

Studies reveal a much higher incidence of HIV in prison populations than in the general population. Furthermore, the percentage of infected female prisoners is two to three per cent versus just over one per cent of male inmates.

Nevertheless, the issue of women prisoners and AIDS is one the correctional system is reluctant to confront, according to PASAN and other organizations.

"There is a lot of sharing of needles in prison, and this is something that Correctional Services of Canada is unwilling to address," says Lines.

He goes on to attribute the prevalence of intravenous drugs to the prison policy of urinalysis, which is not as effective in detecting IV drugs as it is for marijuana or hashish.

Many prisoner advocates say the best preventive measure prisons can implement is the distribution of clean needles and bleach kits.

Last year, a bleach kit program was started in a British Columbia prison; Correctional Services Canada is considering extending it to all federal penitentiaries.

Lines, however, has a problem with bleach distribution.

"Bleach is not 100 per cent effective in killing HIV and it's not 100 per cent effective in killing Hepatitis. P4W [the Federal Prison for Women], for example, has a high rate of Hepatitis."

Instead, PASAN says prisons should adopt a confidential needle exchange program.

But clean needles are just one of a slew of AIDS-related issues that concern women prisoners.

Mina Mohammad of Voices of Positive Women, an Ontario AIDS/HIV

outreach program run by and for women in Toronto, stresses female inmates' need for support.

"There have been one or two cases of women inmates whose HIV status has been used to deny them custody of their children," she explains. Women prisoners living with HIV need access to legal, medical and emotional assistance; services both PASAN and Voices

of Positive Women seek to make available to them.

PASAN also concentrates on preventive education, urging Correctional Services Canada to implement mandatory AIDS/HIV education to both inmates and staff, as staff education is fundamental in preventing discrimination against inmates with HIV.

"The reality," says Lines, "is that a

lot of decisions made by prison staff are based on misconceptions about the dangers of contraction." PASAN's strategy of educating women inmates emphasises the issue of power. "They should learn to feel comfortable insisting that their male partners use condoms," says Lines.

Given women inmate's lack of bargaining power with penal institutions,

groups like PASAN and Voices of Positive Women have to fight on their behalf. While waiting for adequate long-term AIDS/HIV policies, these groups do all they can to alleviate the short-term suffering of HIV carriers while trying to reduce low-risk behavior. In the meantime, women more than anyone else are bearing the brunt of institutional negligence.

by Andrea Mason

As the orientation of the Québec health care system shifts from hospital to home- and community-based care, the responsibility of caring for ill family members has been dropped squarely in the laps of women.

The shift comes as a result of Québec health minister Jean Rochon's cost-saving plan to transfer services previously administered by hospitals to the jurisdiction of community health centres, known as CLSCs. This will mean one-day surgery, shorter hospital stays, early discharge and acute post-operative work being done in the home.

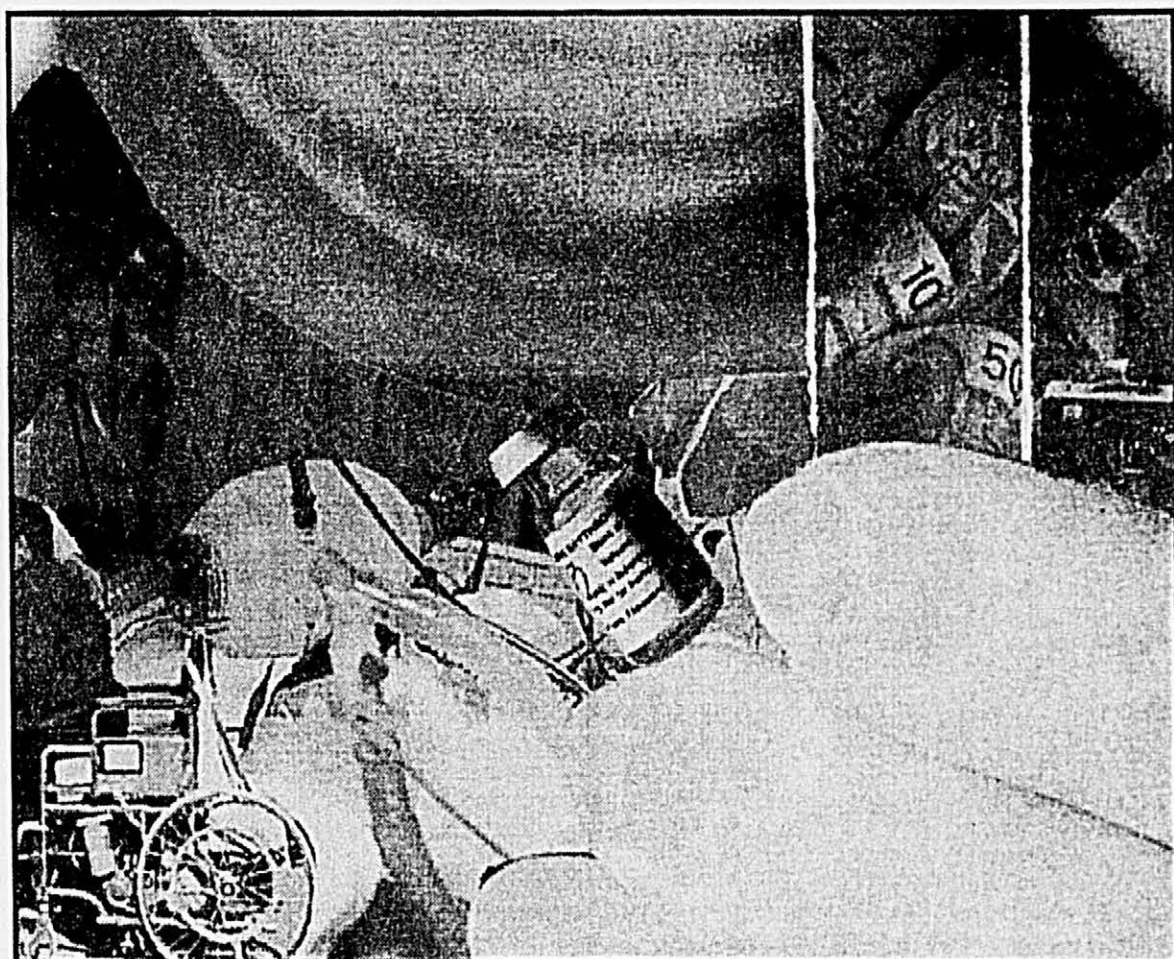
CLSCs are supposed to be responsible for the care of patients after they have been discharged from hospital. But CLSCs can only do so much. "CLSCs are overburdened. They are being asked to do more with fewer resources. There isn't enough money to meet the demands," declared Louise Rochefort of the Federation des infirmières du Québec.

It appears women will have to pick up the slack. Nurses from the CLSCs can only visit a household once or twice a day, explained Rochefort. "They have time to administer medication and change dressings but general care is being left up to the families, especially to wives and mothers who are expected to take responsibility for the care of sick family members," continued Rochefort.

The problem with Rochon's plan, which is entitled *Virage Ambulatoire*, is the lack of resources in place to accommodate the changes. Rochon's plan shows a lack of realistic planning according to Luc Leblanc, communications agent for the Coalition montréalaise pour la défense des services sociaux et de santé. "It is not true that more services will be provided for less money," he asserted.

Inevitably, there are gaps in the delivery of health services. "The total structure needed to support the shifts is not yet in place," commented Laurie Gottlieb, Director of Nursing at McGill.

And women are automatically expected to fill those gaps. Arthur Sandborne, spokesperson for a coalition of community groups and unions concerned with the health care re-



forms, contended that "hospitals don't always check to see if a patient's wife will be able to come home and cope with a sick husband. A lot of assumptions are made. As soon as the hospital finds out that the patient has a wife at home, he is discharged." This responsibility will have many implications for women. "Women are being forced to miss work to care for sick husbands and kids," said Rochefort.

Gottlieb said that "some of the demands being placed on women are absolutely incredible. There is a huge cost to this both financially and emotionally."

Many in the Montréal health sector believe the changes represent a step backward in society's perception of the role of women. "Once again, the burden of work will fall on women," predicted Sandborne.

Prior to the widespread accessibility of hospitals, women were responsible for assuming the care of ill family members. This was possible because

few women were employed outside the home and a support network of extended family existed to alleviate the burden. After the medicalisation of health care, when hospitals took over the function of caring for the ill, families largely ceased to assume responsibility for care.

Now, with the sudden shift back to home- and community-based care, many women are poorly equipped to pick up where hospitals leave off. "All of a sudden, women are being placed in a very difficult position. Many women don't have the financial or physical support to assume this responsibility," Gottlieb explained.

Rochefort pointed out that the structure of families has changed dramatically since the medicalisation of health care. "50 per cent of families are single-parent families and almost all are headed by women. Women will have to risk their jobs to take care of their kids when they're sick," she asserted.

Rochefort contended that Rochon's *Virage Ambulatoire* leaves a number of troubling questions unanswered. For example, will employers be obligated to continue paying single mothers who have to stay with a sick child? Will the government pay for post-operative medication for patients whose families are caring for them in their homes?

"These unaddressed concerns are very stressful for women," Rochefort commented.

For women health workers, the ramifications are particularly significant. According to Rochefort, hospitals have been making a practice of not replacing retiring nurses as a subtle cost-saving measure long before the recent closure of five Montréal hospitals.

"There is a double burden for women," commented Rochefort. "Women have an increased amount of responsibility on the job and more work to do at home. You can only keep that up for so long before getting sick yourself."

## Women's work?

Community-based health care means more work for women



# UNIVERSITY GRIEVANCE PROCEDURE

## FULL OF STUMBLING BLOCKS

People who have been assaulted or harassed while students at McGill may now receive help wading through the bureaucratic waters of the university's grievance procedures.

In September 1995, the Sexual Assault Centre of McGill Students Society (SACOMSS) added an Accompaniment Programme to its many services. The programme consists of trained volunteers who offer information, support and accompaniment to members of the McGill community who have been assaulted or harassed in a McGill context, and who wish to seek redress through McGill's grievance procedures.

Accompaniment volunteer Cara Cameron describes the programme as stemming from a need "to fill a real hole in the existing system of grievance." She says that in the Centre's five years, volunteers have heard from survivors not only about on-campus sexual violence, but also the experience of dealing with McGill authorities.

"A lot of people feel they've been revictimised by McGill authorities when they've gone to seek help," she says. Cameron goes on to explain that "university context" is not limited to an assault that occurred on campus.

The pamphlet advertising the programme states that the SACOMSS "defines sexual assault as any unwanted act of a sexual nature," including verbal aggression, sexual harassment, stalking and rape.

A survivor of sexual assault who contacts SACOMSS can be assigned two programme volunteers who have been specially trained to understand grievance processes which are, according to Cameron, highly problematic.

"When we spoke to different McGill authorities, we realized that none of them agreed with each other. There also seemed to be, in lots of cases, a lack of knowledge about the rules in the greenbook [the Student Handbook of Rights and Responsibilities]." Unlike the university's authorities, says Cameron, the programme volunteers are informed about grievance procedures.

Aside from the ignorance of administrators, however, there are inherent problems within McGill's sexual assault policy. For one thing, it is lumped together with vandalism and plagiarism, according to McGill's procedures.

Deirdre Harrington, the SACOMSS external co-ordinator, notes that this policy creates an "immediate conflict of interest if a sexual aggressor is being treated the same way as someone who vandalized a computer."

But there are other problems with the university's procedure, including the responses people get from case assessors.

"The most obvious weakness in the system as it stands, is the fact that the person you go to, to pour your heart out to, to seek help, can dismiss your case," says Cameron. "We hear time and time again that people go to seek help or redress from different McGill authorities and are told 'well there's nothing you can do about that,' or 'you can't prove it' and that is simply not true."

Harrington agrees, adding that it is also not acceptable that a survivor of a



McGill's Sexual Assault Centre offers information and other services

sexual assault be told that there is no justice and that she or he is somehow at fault.

Cameron advises anyone to get support elsewhere before seeing a university disciplinary officer, such as residence directors. Aside from SACOMSS, she cites the McGill Legal

## McGill's Sexual Assault Centre offers alternatives

by Kristen Aspevig

Information Clinic or the ombudsperson as possible places to go.

Despite the many challenges of trying to take action against an aggressor through McGill procedures, in many cases it may achieve specific results for the survivor. Having a professor reprimanded or ejected, for example, may be more feasible through the university process than through pressing criminal charges, says Harrington.

Grievance procedures are generally less lengthy and can seem less intimidating than criminal procedures, and the burden of proof is often lower.

This week, SSMU will publish a report on university sexual assault policy entitled "Stop, Look and Listen: A Pro-Active Strategy for Sexual Assault at McGill," commissioned by VP University Affairs Lisa Grushcow. The report's author, Carla Alexander, a

McGill social work student with experience as an advocate for fairness and ombudsperson at Douglas College, describes it as "a policy that brings the issue of sexual assault, particularly acquaintance assault, into the context of the university and specifically into the context of McGill."

Cameron says SACOMSS anticipates the publication of the report by SSMU in order to examine and critique its findings and recommendations, as the centre has been doing this kind of work for years.

But Harrington says many students do not fully appreciate the work done by SACOMSS.

Harrington says students should be proud of SACOMSS, which is the only student-initiated, student-funded centre in the country, and often a national model. It is one of the only anglophone

services for survivors of sexual violence in Montréal, and the only one that offers services to male survivors of sexual violence. SACOMSS offers free, anonymous and confidential crisis lines, referrals, books concerning issues related to sexual assault, individual counselling and support groups.

Recently, the centre's Outreach Programme, a public education service, was recognized with an award by le Comité d'action femmes et sécurité urbaine (CAFSU).

Says Harrington, "The Centre offers so many things, apart from resources and a place for people to talk about their experiences. We also actively try to change existing standards and procedures, and existing opinions about sexual assault. While we're dealing with situations after they happen, we're actually trying to stop them before they do."

# Re-defining reproduction

## Government stalls on NRT regulatory board

by Erin Prelypchan

Since the first-ever birth of a child conceived through *in vitro* fertilisation in 1978, new reproductive technologies (NRTs) have been the focus of intense scientific research and heated debate.

NRTs pose new and startling questions about the relationships between women, men, children, the health care system and industry.

They include procedures ranging from artificial insemination and pre-natal screening of embryos for genetic defect or sex, to surrogacy for profit and *in vitro* maturation.

The questions raised by these new technologies are not only biomedical but also social, legal and ethical. Of primary concern to women and feminist activists has been the fact that the woman's body has been the site of the debate.

In Canada, the most vocal protest staged by the National Action Committee on the Status of Women (NAC) has concerned the lack of restraint exercised by the government over the development of NRTs. Writing about the problems caused by NRTs in the book *Misconceptions*, Judy Rebick argues that "these technologies are taking control of our reproduction out of our hands and perhaps eventually out of our bodies altogether and placing it in the hands of doctors and scientists."

Currently, the biomedical industry which conducts and finances the majority of research on NRTs has almost free reign over what, when and how research occurs. The use of, and research on, NRTs in Canada are not monitored or regulated in any systematic fashion.

In a 1994 draft document in response to the government's inaction, NAC stated that "these [new reproductive] technologies must be analysed, regulated, monitored, and controlled with the health... and social needs of Canadians as the first and only

priority."

In response to lobbying on the part of women's groups like NAC, the Mulroney government in 1989 set up the Royal Commission on the New Reproductive Technologies.

The purpose of the commission, which was headed by University of British Columbia geneticist Patricia Baird, was "to examine all the social, ethical, economic, legal and medical implications of these technologies."

Three years later, the commission produced an extensive report entitled 'Proceed with Care' which came at a cost of \$28.2 million to taxpayers.

The final recommendations of the commission was the establishment of a permanent regulatory panel in order to monitor the research being conducted on NRTs.

But many critics said the report fell short of their expectations.

In response to the document, NAC stated that it "chose a totally biomedical approach that pushed other considerations into the margins." In their official response to the commission's report entitled 'A Failed Process: A Flawed Report' NAC recommended "a moratorium on the funding of any research projects aimed at expanding the clinical applications of reproductive and genetic technologies... until such time as democratically determined regulatory agencies have been put in place."

When asked about what the differences would be between the Mulroney government's regulatory panel and the democratically determined one advocated by NAC, filmmaker and activist Gwynne Basen, co-chair of NAC's committee to monitor NRTs said "the difference is in the details."

NAC would like to see a regulatory body which would be in some way accountable to the public and

independent of both the biotechnology industry and the health care system.

Although 'Proceed with Care' was released in 1993, federal Health Minister Diane Marleau did not issue a formal response to the commission's findings until July of 1995. The Minister's response did not directly address either the commission's recommendation or NAC's demands.

Instead, Marleau called for a 'voluntary moratorium' by the health care system on such areas as surrogacy for profit and 'non-medical' sex selection of fetuses, inviting negative responses from some feminist critics.

Varda Burstyn, a women's health activist, stated "'Voluntary moratorium' is an oxymoron. If that's all they were going to do, they could have done it six years ago and saved \$28 million [the price-tag for the commission] from being flushed down the toilet."

Basen agreed with the futility of the Minister's pronouncement, saying that "it is clear that no one will respect it. Private fertility clinics have said that they'll forget it [the moratorium] until it's a law.... It's hard not to be cynical after all of these years."

Recently, however, there have been signs of movement from the Ministry of Health. At the beginning of this year, a new committee was established to monitor compliance with the voluntary moratorium.

Abby Lippman, professor of Epidemiology and Biostatistics at McGill and activist for women's health and reproduction, has been appointed to the committee. While she feels that the establishment of the committee is "certainly not a sufficient response," it may represent some positive changes. "The committee is significant in that we do not have members of the biotechnology industry, and only two physicians [will sit on the committee]. We're predominantly a group who have serious concerns on the subject."



# Some reference books on women's health

By Catherine Nguyen

Though by no means a complete list, the following are some books that can help you take more control of your health:

## GENERAL HEALTH

- The New Our Bodies, Ourselves* by the Boston Women's Health Book Collective. (Simon and Shuster) \$27.00
- How to Stay Out of the Gynecologist's Office* by the Federation of Feminist Women's Health Centers (Women to Women Publications)
- Take This Book to the Gynecologist with You* by Gale Malesky (Addison Wesley) \$12.95
- Women's Bodies, Women's Wisdom* by Christiane Northrup. (Bantam) \$20.95
- Auto-Examen: un geste de santé* by Centre de Santé des Femmes de Montréal (Remue Menage) \$7.50
- The Black Women's Health Book: Speaking for Ourselves*, ed. by E. C. White (Seal Press) \$19.45
- Alive and Well: A Lesbian's Health Guide* (Crossing Press) \$15.00
- Beat PMS Cookbook* by Martha Stewart and S. Tooley (Random House) \$18.00

## HERBAL MEDICINE

- Natural Women's Health* by Lynda Wharton (New Harbinger) \$20.95
- Herbal Healing for Women* by Rosemary Gladstar; \$15.00
- Hygieia: A Woman's Herbal* by Jeanine Parvati; \$21.95

## BREAST CANCER

- Dr. Susan Love's Breast Book* by Susan Love (Addison-Wesley) \$22.00
- Patient No More: Politics of Breast Cancer* by Sharon Batt (Ragweed) \$19.95

## CHILDBIRTH

- Wisewomen's Herbal for the Childbearing Year* by Susan S. Weed (Ash Tree Pub) \$14.95
- Spiritual Midwifery* by Ina May Gaskin (The Book Pub. Co.) \$21.95

## BIRTH CONTROL

- Herbal Abortion: From the Tree of Knowledge* by Uni M. Tiamatte (Sage Femme) \$23.95

## MENOPAUSE

- Menopause Naturally* by Sadja Greenwood (Vol-

cano Press) \$19.95

- Menopausal Years: The Wise Woman Way* by Susan S. Weed (Ash Tree Pub.) \$13.95

## BODY IMAGE/EATING DISORDERS

- Consuming Passions: Feminist Approaches to Weight Preoccupation and Eating Disorders* ed. by Catrina Brown (Second Story Press) \$20.50
- Anorexic Bodies* by Moraj MacSween (Routledge) \$24.95
- Fat is a Feminist Issue I and II* by Marion Orbach (Berkeley) \$5.75 each
- Love Your Looks: How to Stop Criticizing and Start Appreciating Your Appearance* by Carolyn Hillman (Simon & Shuster) \$16.00

## MENTAL HEALTH

- Silencing the Self: Women and Depression* by Dana Crowley Jack (Harper Collins) \$16.75
- Women and Self Esteem* by Linda Sanford (Penguin) \$16.00
- The Emotionally Abused Woman: Overcoming Destructive Patterns and Reclaiming Yourself* by Beverly Engel (Fawcett) \$13.00

## RELATIONSHIPS

- The Dance of Intimacy* by Harriet Lerner (Harper Collins) \$18.00
- The Dance of Anger* by Harriet Lerner (Harper Collins) \$18.00
- Too Good For Her Own Good: Searching for Self and Intimacy in Important Relationships* by Claudio Bepko (Harper Collins) \$15.50

## SEX

- Woman's Experience of Sex* by Sheila Kitzinger (Penguin) \$22.50
- Good Vibrations Guide to Sex* by Anne Semans and Kathy Winks (Cleis) \$23.95
- Sexual Reality: A Virtual Sex World Reader* Susie Bright

## SEXUAL ABUSE

- Allies in Healing: When the Person You Love was Sexually Abused as a Child* by Laura Davis (Harper Perennial) \$21.00
- Courage to Heal: Guide for Women Survivors of Child Sexual Abuse* by Ellen Bass and Laura Davis (Harper Perennial) \$30.00
- Reach for the Rainbow: Advanced Healing for Survivors of Sexual Abuse* by L. D. Finney (Putnam Pub. Group)

## REFERRAL GUIDES

- The Girl Guide: A guide for women living in Montreal* by Laura Tucker and Celia Moore (McGill University Women's Union) \$13.95
- The Healthsharing Book: Resources for Canadian Women*, ed. by Kathleen McDonnell and Mariana Valverde (Women's Press)

Publishers and approximate prices are listed when available. These books can be found at: Coles; L'Androgyne; 3636 St. Laurent, 842-4765; A Woman's Place Bookstore, 1412 Centre St. S., Calgary, AB, T2G 2E4, (403) 263-5256; Everywoman's Books, 635 Johnson St, Victoria, BC, V8W 1M7 (604) 388-9411.

# WHERE TO GO

## A list of Montréal services for women's health

by Stephanie Dutrizac

## REFERRALS AND GENERAL INFORMATION & SERVICES

### Info-Santé

Non-emergency medical advice and referrals. The nurses here will answer any questions.  
275-7575

### McGill Women's Union

Referral services and information. Check out *The Girl Guide*, a great resource book which includes a section on women's health services available in Montréal

Shatner 423  
398-6823

### Sexual Assault Center of McGill Students' Society

They have an extensive referral service for support groups and therapeutic resources in Montréal, as well as for health services and women's centres. They also have information on issues of violence against women including sexual assault and sexual harassment. Their crisis line is available for those who want information or to talk about their experiences.

9h30 - 17h30 and 18h - 24h

Shatner 430.

398-2700 or 398-8500 after 18h.

### Centre de Santé des Femmes de Montréal

Resources, workshops and information on various women's health issues. Abortion services are provided.

842-8903

### Community Health Centres of Montreal (CLSC's)

These places are less scary than hospitals and offer important services to women, including gynecological services, birth control, HIV testing, abortions, pre and post-natal care, counseling and services for sexual assault victims. Services vary depending on the location, so call the federation of CLSCs to help you in your search for the best CLSC for you.

931-1448

### Montréal Sexual Assault Centre

They offer counseling, medical assessment and treatment, legal information, accompaniment and referrals.

934-4504

### Dr. Stella at McGill Health Services

According to the Women's Union, "she's new, she's young, she's hip, she cares!"

Powell Building

398-6016

## SPECIFIC NEEDS

### Sexually Transmitted Diseases

Centre for AIDS services of Montréal (Women)

Referrals, education, prevention, accompaniment services, childcare and buddy services.

989-7997

### CACTUS Montréal

Free HIV testing, condoms, needle exchange, nursing consultation services.  
7 nights a week 21h15 - 4h

954-8869

### Menstruation

McGill's QPIRG and the Women's Union offer alternative menstrual products, like re-usable pads and bleach-free tampons.

QPIRG 398-7432

The Women's Union 398-6823

### Safety

Walksafe Network and Foot Patrol

Two students (one will always be female) will meet you anywhere and walk you anywhere you want to go in the evenings, and they work really late on weekends.

19h - 0h45 Sun-Thurs, 7h-2h45 Fri & Sat  
398-2498

### Montréal Assault Prevention Centre

They offer an excellent pro-woman empowerment course through their "Action" programme.

284-1212

### Birth Control

Head and Hands Clinic

For cheap or free birth control, including the birth control pill (from \$3-\$5 a month)

481-0277

Federation du Québec pour le planning des naissances

Feminist group dealing with women's health, sexuality, contraception and reproductive rights.

844-3721

### Body Image and Eating

Eating Disorders Clinic

Privately run by Susan Date, who offers therapy and gives excellent referrals.

457-2811

### Medical Referrals for Recent Sexual Assault Survivors

CLSC Guy Metro

934-0354

### L'Hôtel Dieu Hospital

Corner of Pine and St. Urbain for those calling outside office hours.

843-2659

### Montréal Sexual Assault Centre

Accompaniment services to hospitals offered.

934-4504.

### Pregnancy

Alternative Naissance

Various services for pregnant women, including prenatal courses, referrals to midwives, massage and labour coaches.

948-2464

### Abortion

Look into CLSCs first for free services with medicare. They offer free counseling and medical consultations.

CLSC Centreville 847-1250

CLSC Montréal North 327-0400

There are other clinics in Montréal which charge fees depending on the length of pregnancy. Get a referral that suits your personal needs by calling Canada's National Abortion Federation.

Mon - Sat 9h30-17h30

1-800-772-9100



## CLASSIFIED ADS

Ads may be placed through the Daily Business Office, Room B-07, University Centre, 9h00-14h00. Deadline is 14h00, two working days prior to publication. **McGill Students & Staff** (with valid ID): \$4.55 per day, 3 or more consecutive days, \$4.00 per day. **General Public:** \$5.70 per day, or \$4.85 per day for 3 or more consecutive days. Extra charges may apply, and prices do not include applicable GST (7%) or PST (6.5%). Full payment should accompany your advertising order and may be made in cash or by personal cheque (for amounts over \$20 only). For more information, please visit our office or call 398-6790. WE CANNOT TAKE CLASSIFIED ADS OVER THE PHONE. PLEASE CHECK YOUR AD CAREFULLY WHEN IT APPEARS IN THE PAPER. The Daily assumes no financial responsibility for errors, or damages due to errors. Ad will reappear free of charge upon request if information is incorrect due to our error. The Daily reserves the right not to print any classified ad.

### 1-HOUSING

**Condo A1 cond.** 377 Sherbrooke W. 900 sq. ft. 1 Br. Air cond. Indoor garage. Wall-to-wall carpet. 4 appl. included. Bright & quiet. Must Sell. \$119,000 or best offer. 397-1544.

**Looking for a better place to live?** Room to rent in Outremont (Québec & Bernard) close to cafés & cheap ethnic food. I am interested in Japanese/English exchange-available now - \$300/month everything included. Tel 279-8724.

**Avoid the rush** by ordering now a copy of the 1996 Tyler's Cottage Rental Directory. Choose from over 100 cottages and photos in Quebec/Ontario. \$13.50 including tax and postage. VISA/MC/COD 1-800-461-7585 (705) 726-6015

### 2-MOVERS/STORAGE

**Moving/Storage.** Closed van or truck local & long distance. Ott-Tor-Van-NY-Fla-7 days, 24 hours, low rates. Steve 735-8148.

**Moving Best Rates Local/Ontario.** Small & big moves. Call now for quote. Frank or Gaby 426-5030 Pager 599-6938.

### 3-HELP WANTED

**Summer Business:** Are you an entrepreneur? Great opportunity with low start-up cost, management training, earn up to \$800/week, vehicle required, call Greenland Irrigation 1-800-361-4074.

### Can you bear it?!

The \$2 coin is here. Sell a new product to retail businesses and earn a commission on every sale. Call 844-6540 for info.

### Camp Counselors Wanted

Trimdown Fitness, coed camp located in the Catskill Mountains of NY. All sports, waterskiing, canoeing, ropes, lifeguards, crafts, dance, aerobics, nutrition, kitchen, office, 120 positions. Call Camp Shane. (800) 292-2267.

### Salesperson needed for downtown

computer store. Knowledge of IBM PC's and peripherals a must. Call Edwina at 933-2368.

### Female models wanted.

Opportunities for all ages and sizes. Fashion, TV, print, film. 633-8605.

### Children's camp in Laurentians

requires counsellor, instructors for waterskiing, sailboarding, sailing, swimming, canoeing, tennis, baseball, rockclimbing, volleyball, soccer, arts&crafts, drama, music. Telephone 485-1135. Fax resume to 514-485-1124.

### Children's camp in Laurentians

requires registered nurse, nursing assistant, secretary, food service staff. Telephone 485-1135. Fax resume to 514-485-1124.

**International Agricultural Exchange** - Ages 18-30 with agricultural experience to live/work with family in Australia, New Zealand, Europe, Japan. costs/details -1-800-263-1827 105.7710-5 St.E.E., Calgary, AB, T2H 2L9.

### SIENA SUMMER MUSIC INSTITUTE (Florence)

Music, language, travel, concerts, Credit/non-credit. Rome, Venice, 3 days in Switzerland. Students, Grads, Professionals; July 15 to August 17, Cost \$1,745. Special low cost charter flight; Write/call:

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Director, 595 Prospect Road,  
Waterbury, CT 06706  
203-754-5741

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### 5-WORD PROCESSING/TYPING

**Success to all students.** WordPerfect 5.1. Term papers, resumés, applications, transcription of micro-cassettes. Editing of grammar. 27 yrs. experience. \$1.75/D.S.P. 7 days/week. Campus / Peel / Sherbrooke. Paulette / Roxanne 288-9638/288-0016.

**Word processing (937-8495)** Term papers, resumés, forms design, correspondence, manuscripts (Laser/Fax/Photocopier) 9:00 a.m.-6:00p.m.(7 days)(near Atwater)

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### 6-SERVICES OFFERED

**Editing and tutoring** by English Ph.D. Papers and theses in English, social sciences and humanities. 933-8652.

**On-line CV's.** Resumés formatted and posted on the internet within 48 hours. Impress potential employers. One-time fee of \$30. Phone 369-2106, leave msg.

**Student's Edge Academic & Information Services.** Lecture notes, research, tutoring & more... We also buy high quality class notes! 1-800-291-EDGE.

### 7-FOR SALE

**Stat camera.** Itek 540. Good condition, maintained by KBR Graphics. \$2500 obo. 398-6790 ask for Mark.

**Kids only clothing.** Start your own home based business selling a great line of children's clothing - 100% cotton, Canadian made, grow features. Flexible hours, positions available for spring '96 Cheryl: (905) 829-4713

### 9-WANTED TO BUY

**Got a campground** membership/timeshare? We'll take it! America's largest, oldest resale clearinghouse. Resort Sales International 1 - 800-423-5967. Timeshare rentals needed. Call 24 hours a day.

### 12-PERSONAL

**Lose Weight Now!** Wanted: 30 people to lose up to 15 lbs. In one month. Call Lisa at 933-6495.

**Live, accurate professional** psychics tell you where your future lies: love, marriage, relationships, career: reunite you with loved ones. \$2.75/minute, 1-900-451-2787 18+, 24 hours

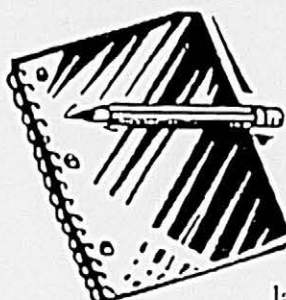
**20/20 without glasses.** Safe, rapid, non-surgical, permanent restoration in 6 - 8 weeks. Doctor approved. Free information by mail: (406) 961-5570, ext. 254; fax (406) 961-5577. E-mail: Vision@Montana.com. Satisfaction guaranteed.

### 13-LESSONS/COURSES

**Interested in career training?** Golf operations, culinary/pastry arts. Atlantic Tourism and Hospitality Institute, Holland College, P. E. I. 1-800-446-5265

TEACH ENGLISH in

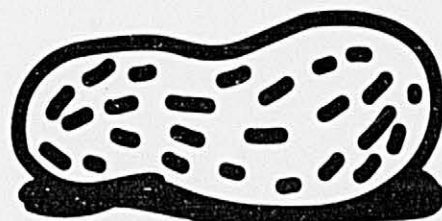
## EASTERN EUROPE



Teach basic conversational English in Prague, Budapest, or Krakow. No teaching certificate or European languages required. Inexpensive Room & Board + other benefits. For details, call:

(206) 971-3682 Ext. K40051

## Why work for peanuts when you can sell them?



Starting your own business is one way to guarantee yourself a job this summer. If you're a full-time student returning to school this fall and legally entitled to work in Canada, the Student Business Loans Program, part of the government of Canada's Student Summer Job Action program, is offering loans of up to \$3,000 to help you start a business.

Details are available at any branch of the Business Development Bank of Canada, Canada Employment Centres, Canada Employment Centres for Students, any branch of the Royal Bank of Canada or the National Bank of Canada.

Just come to us with your idea, and we'll see what we can do about putting you to work for someone you really like. You.

Call toll-free: 1 800 361-2126.



Human Resources  
Development Canada

Développement des  
ressources humaines Canada



Business Development Bank of Canada  
Banque de développement du Canada



NATIONAL  
BANK



ROYAL BANK  
BANQUE ROYALE

Canada

### 14-NOTICES



McGILL  
NIGHTLINE  
398-6246

**McGill Nightline open** 6pm-3am a confidential and anonymous line. We offer listening, referrals and information. Call at 398-6246 398-MAIN.

### 16-MUSICIANS

**Got a band? Wanna gig?** MV Productions will get you shows steadily. Free to join. All we take is 10% of the gigs we book. Meg: 369-4535/489-4453.

## An ECOLOGICAL TOUR TO CANCUN

6 Nights accomodation, Flight and 3 day tours (Tax Incl.)

- 1) Submarine excursion
- 2) A wildlife sanctuary
- 3) Xel-Ha Snorkling in a freshwater lagoon + Mayan ruins

Departure date: April 26

Cost \$720.00 (\$200.00 downpayment)

Call Giselle von Dehn  
935-3638

## CRUISE SHIPS HIRING

Students Needed!

Earn up to \$2,000+ per month

working for Cruise Ships or Land-Tour Companies. World Travel (Hawaii, Mexico, the Caribbean, etc.). Seasonal and Full-Time employment available. No exp. necessary. For info call:

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## Protecting Student Rights is a Full-Time Concern

That's why the McGill Legal Information Clinic has a staff of trained student advocates to represent you before any Associate Dean, Dean, or Tribunal.

If you are being disciplined by any aspect of the University, or believe that the University has violated any of your rights, make the McGill Legal Information Clinic the first place you call.

### The McGill Legal Information Clinic



"If you need us, we'll be there!"

10-5, Monday-Friday  
Shatner Basement  
398-6792



**CALL NOW TO BOOK SPACE IN OUR MUCH  
ANTICIPATED YEAR-END ISSUES! MARCH 28  
398-6790 APRIL 11.**

## 1996 SSMU Spring Election and Referendum Poll Locations and Hours

Location	Wed. Mar. 13	Thurs. Mar. 14	Fri. Mar. 15
BMH	Closed	11:30-14:00 16:30-20:00	11:30-14:00
Bronfman	11:00-16:00	10:00-16:30	10:00-12:00
Burnside	11:00-16:00	10:00-16:30	10:00-16:00
Chancellor Day	Closed	11:00-15:00	10:00-16:00
Currie Gym	Closed	16:00-19:00	Closed
Douglas Hall	Closed	17:00-20:00	Closed
Education	Closed	11:30-16:30	10:00-13:00
Leacock	11:00-16:00	10:00-16:30	10:00-16:00
McConnell Eng	11:00-16:00	10:00-16:30	11:00-17:00
McIntyre Med	Closed	13:30-18:00	13:30-16:00
Music	Closed	10:00-13:00	11:00-14:30
Redpath Library	11:00-17:00	10:00-19:00	10:00-17:00
RVC	11:30-14:00	11:30-14:00 17:00-19:00	11:30-14:00
Shatner	11:00-17:00	10:00-20:00	10:00-17:00
Solin Hall	Closed	16:00-20:00	Closed
Stewart Biology	11:00-14:00	10:00-14:30	10:00-13:00
Strath. Dentistry	11:30-14:00	11:30-14:30	Closed

**17 convenient locations! Exercise your right to vote!**  
**Don't miss your last chance to meet the candidates - Candidate  
Speeches TODAY noon in Bronfman Caf or 8:00pm at Solin Hall**

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## Intimacy and Ecstasy, Love and Sexual Relationships

Lecture by:

**Manis Friedman**

author of

“Doesn't Anyone *Blush* Anymore?”

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“Anyone who is either married or thinking of getting  
married would do well to read (Friedman's) book.”

—Bob Dylan

“Friedman entralls his  
audiences.”  
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philosophers of  
contemporary America.”  
—Oxford University

“(Friedman's) show Torah  
Forum brings ethical thinking  
to cable markets across the  
U.S.”

—Rolling Stone

“The message in Manis  
Friedman's folksy and  
fascinating book is simple:  
It's good to be good.”  
—Seventeen

**Thursday, March 14, 5:15pm**

Stephen Leacock Building Room 132  
For information call: 288-3130 or 398-4104

No charge students. Non-students \$3.  
Sponsored by: McGill Chaplaincy and Chabad House.

FNEEQ



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Tel: (514) 398-2582. Fax: (514) 398-2623. email: agsem@faci.lan.mcgill.ca

FNEEQ



## Do we work for McGill or McDonald's?

After 22 months of negotiations the first salary offer to Teaching  
Assistants has been tabled:

\$10-\$15/hr (depending on duties)  
Elimination of ALL tuition fee waivers

**AGSEM - McGill's TA Union, finds this offer OFFENSIVE  
since it represents a salary cut to almost all TAs.**

AGSEM is therefore being forced to use the One-Day Strike  
Mandate from our members to demonstrate our displeasure  
with McGill's attitude toward negotiations and to demand  
some RESPECT.

**1 DAY TA STRIKE -  
TUESDAY, MARCH 19TH**

At least at McDonald's you get a free uniform!

**McGill's TA Union**